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*From left to right, LABORATORY, ELIZABETH FRY HALL. (RECEPTION BUILDING) AND
PSYCHOPATHIC HOSPITAL.*

An Experimental Study of Psychopathic Delinquent Women

BY
EDITH R. SPAULDING, M.D.

Introduction by
KATHARINE BEMENT DAVIS
General Secretary, Bureau of Social Hygiene



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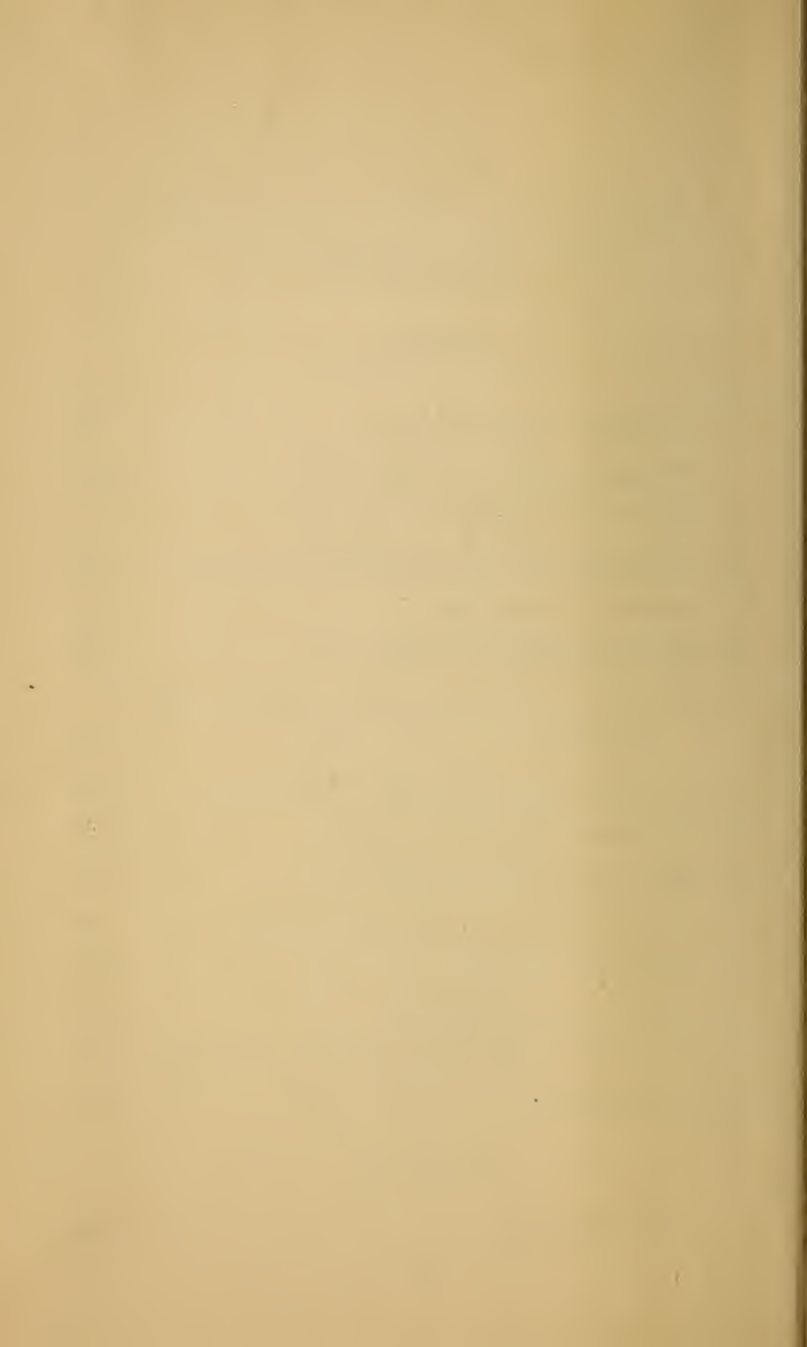
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AUTHOR'S NOTE

WHILE the routine of the hospital was under the immediate direction of the Psychiatrist, Dr. Cornelia B. J. Schorer, and the Director, the various members of the Laboratory Staff were closely connected with the work. The psychiatric studies included in this report were made by Dr. Schorer who besides assisting in the organization of the hospital did valuable individual work with the patients. To Dr. Mabel R. Fernald, Dr. Buford Johnson, Miss Almena Dawley, and Miss Mary A. Clark are we particularly indebted, not only for their scientific contributions to the studies of our women, but also for their unfailing interest and help in the solving of our problems.

To Dr. Elizabeth Sullivan we are indebted for the final form in which the case histories appear in this report. They represent a compilation of the studies of the various members of the laboratory staff.



INTRODUCTION

SINCE the question of the management and treatment of the psychopathic delinquent woman has been of late the subject of much discussion, and since no hospital exists at the present time to which one may refer for information regarding the intricacies and complications of experimental treatment, it has seemed advisable to outline the problem as found at the New York State Reformatory for Women at Bedford Hills and to describe the cases that were treated at the Psychopathic Hospital connected with the Laboratory of Social Hygiene, the facilities with which we worked, the resources available, the various methods used and the conclusions to which the experiences of our staff led.

During the period that has elapsed since the hospital was closed, considerable time has been spent in the study of conditions which were found. Summaries of the various resulting publications have been included in this report.

The hospital was built as a result of a need which became manifest during the years which followed the opening of the reformatory, for the special study and treatment of the unstable cases that were constantly interfering with the progress of the more stable types. Not only is the antisocial psychopathic woman one of the greatest problems of reformatory life, but she presents,

Introduction

in every hospital or school to which she is sent, an extremely troublesome one. A superintendent of one of the hospitals for the insane in Massachusetts, to which such women are not infrequently committed, said that even though they were few in number, their management constituted his most difficult problem. Similar reports come from the schools for the feeble-minded to which there is often little excuse for sending such individuals, as the majority are not defective intellectually according to standard scales. The dormitory which is suitable for the amenable feeble-minded patients, soon becomes a stage for the histrionic talent of the psychopath.

The women of this group have been misfits in our entire social scheme, both outside and inside institutions. From the main population of the institution, no matter what its fundamental nature may be, they stand out as a distinct, although as yet inadequately classified, group.

It was for the early diagnosis of this group as well as to afford a basis for the proper classification of the entire reformatory population that the Laboratory of Social Hygiene was established in 1912 through the generosity of Mr. John D. Rockefeller, Jr.

The considerations which led to this undertaking are discussed in the prefaces to two studies published by the Bureau of Social Hygiene.¹ In the laboratory not only were the best tests which could be selected or devised used to determine the intelligence of each individual but

¹ Weidensall, Jean: *Mentality of the Criminal Woman*, Educational Psychological Monographs, Warwick and York, Inc., Baltimore, 1916.

Fernald, Hayes, and Dawley: *A Study of Women Delinquents in New York State*, The Century Company, New York, 1920.

Introduction

also the most complete case histories were obtained by our field workers, while careful observations were made in the Elizabeth Fry Reception House of the behavior of each individual.

A weekly meeting was held, participated in by both the laboratory and the reformatory staffs, at which a full discussion of each case was taken up and the findings used to determine the proper course of treatment. It soon became apparent that ability to diagnose far outran facilities for treatment, particularly for the group of psychopaths.

To supplement and complete the experiments of the laboratory, a hospital was necessary with resources suitable to its purposes. Such a building was erected and equipped, and Dr. Edith R. Spaulding, who had previously been the resident physician at the Massachusetts State Reformatory at Sherborn, was selected as director, and Dr. Cornelia B. J. Schorer, who had had long experience with mental diseases, was chosen as psychiatrist.

In this report, the experiment which was made and the conclusions reached are described in detail, so that other workers in the same field may have the benefit of our experiences, both the successful and the unsuccessful. Chapters I-VII treat of the mechanism of the hospital, while chapters VIII-XIII deal with the mental, physical and social problems involved. A financial statement is included. In the discussion of the possibilities of adequate treatment for this group in public institutions, the question of expense is very important. It is well for those interested in providing such treatment to realize just how expensive is such an experiment as that described.

Introduction

In Part II, the various cases studied are described in some detail.

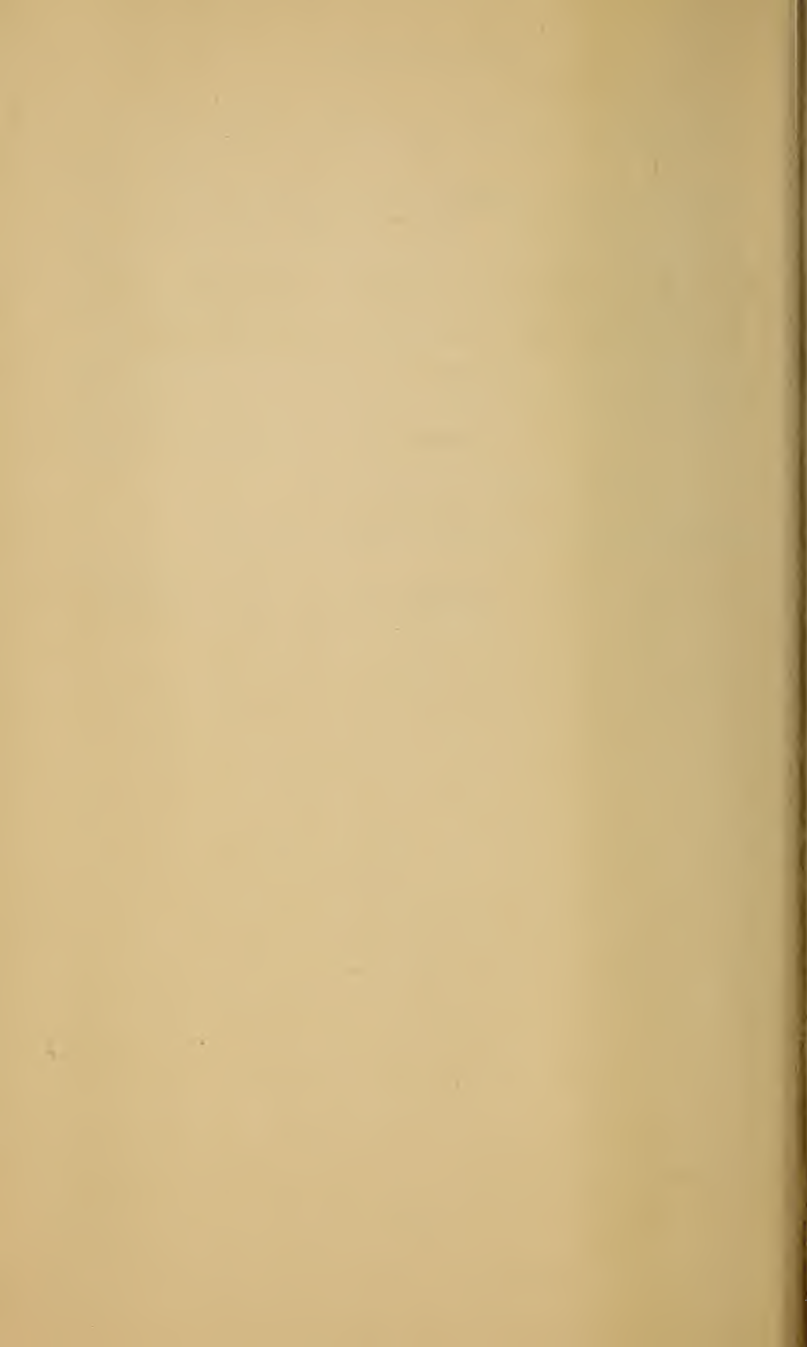
The Psychopathic Hospital which opened in September, 1916, closed July 1st, 1918. The patients were returned to the State Reformatory and later were paroled or discharged at the expiration of their three-year term.

During August and September, 1922, a social worker investigated the history of each case since leaving the institution, and the present status of such as could be located is appended to each report.

KATHERINE BEMENT DAVIS,
General Secretary, Bureau of Social Hygiene.

New York, N. Y.
January 1, 1923.

PART I



AN EXPERIMENTAL STUDY OF PSYCHOPATHIC DELINQUENT WOMEN

CHAPTER I

PLAN OF HOSPITAL

Capacity. The original plan for the hospital was to duplicate in a general way the cottage type of building already in use at the institution, with its individual unit of home life, but to keep the number of patients at twenty instead of the usual thirty, and to provide the greatest number of therapeutic and occupational resources possible, with a staff sufficiently large and experienced to give each of the patients the special attention she required. A building was accordingly constructed to accommodate twenty girls and four officers and nurses.¹ The plan which was later formulated provided for a staff of nine in addition to director, psychiatrist and stenographer, which necessitated other arrangements for their accommodation both inside and outside the hospital and limited the number of patients to eighteen instead of twenty.

Routine of Examination. All cases entering the State Reformatory for Women were kept in the reception

¹ See floor plans, facing pages 2 and 4.

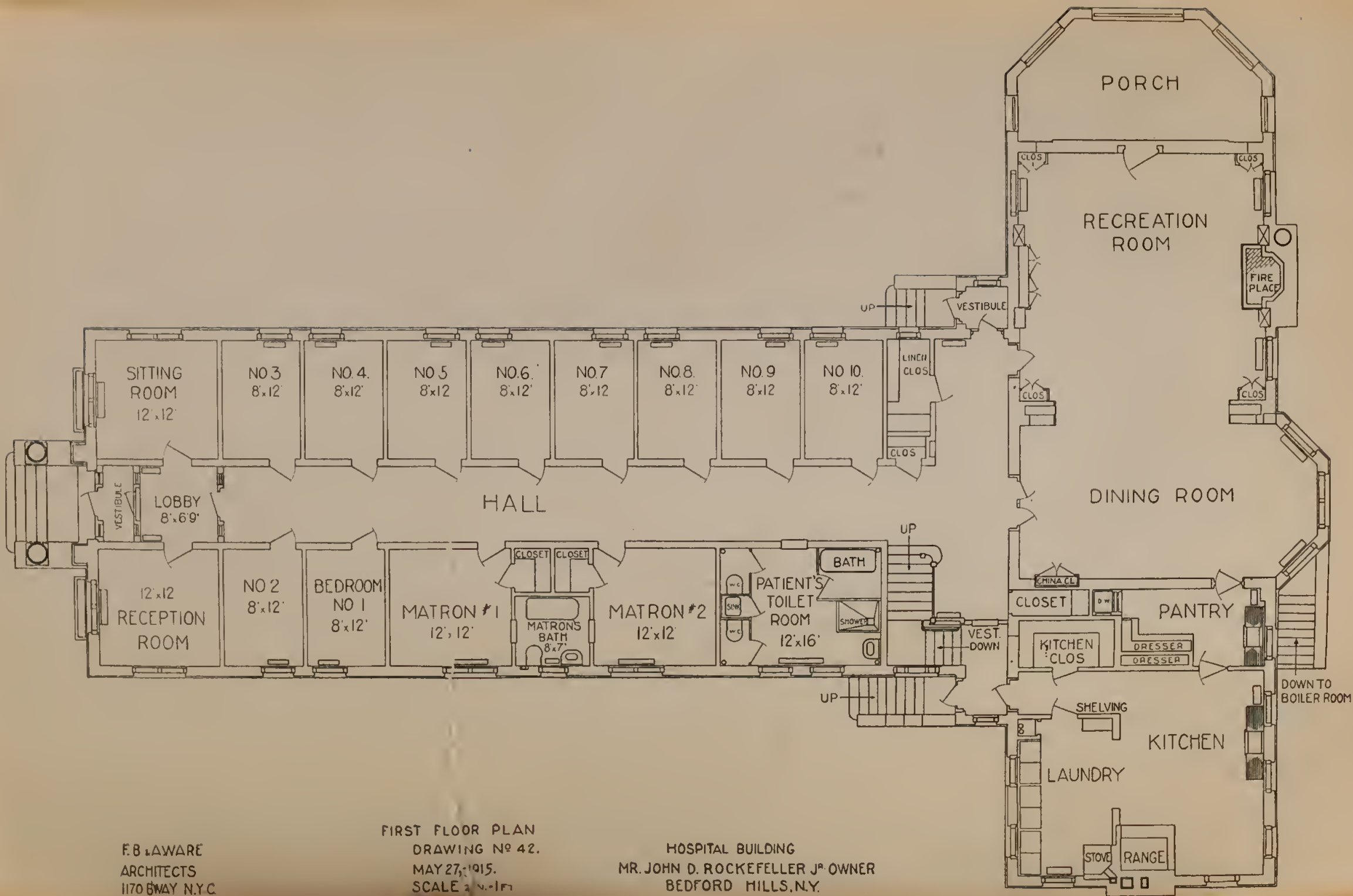
Psychopathic Delinquent Women

house¹ for a period of three months, during which time psychological examinations and social investigations were made by members of the laboratory staff under the direction of Dr. Mabel Fernald and Miss Almena Dawley, and a mental examination was given by the psychiatrist of the hospital, Dr. Cornelia B. J. Schorer. The physical examination was made by the resident physician of the reformatory as well as by the physician from the hospital.

Types Suitable for Admission. The term "defective delinquent" which is frequently used to designate the type of individual treated in our hospital is not used in the present study, as it is considered a misnomer. The patients in question are not necessarily defective intellectually, as the term may seem to imply.²

¹ Elizabeth Fry Hall, one of the Laboratory group of buildings.

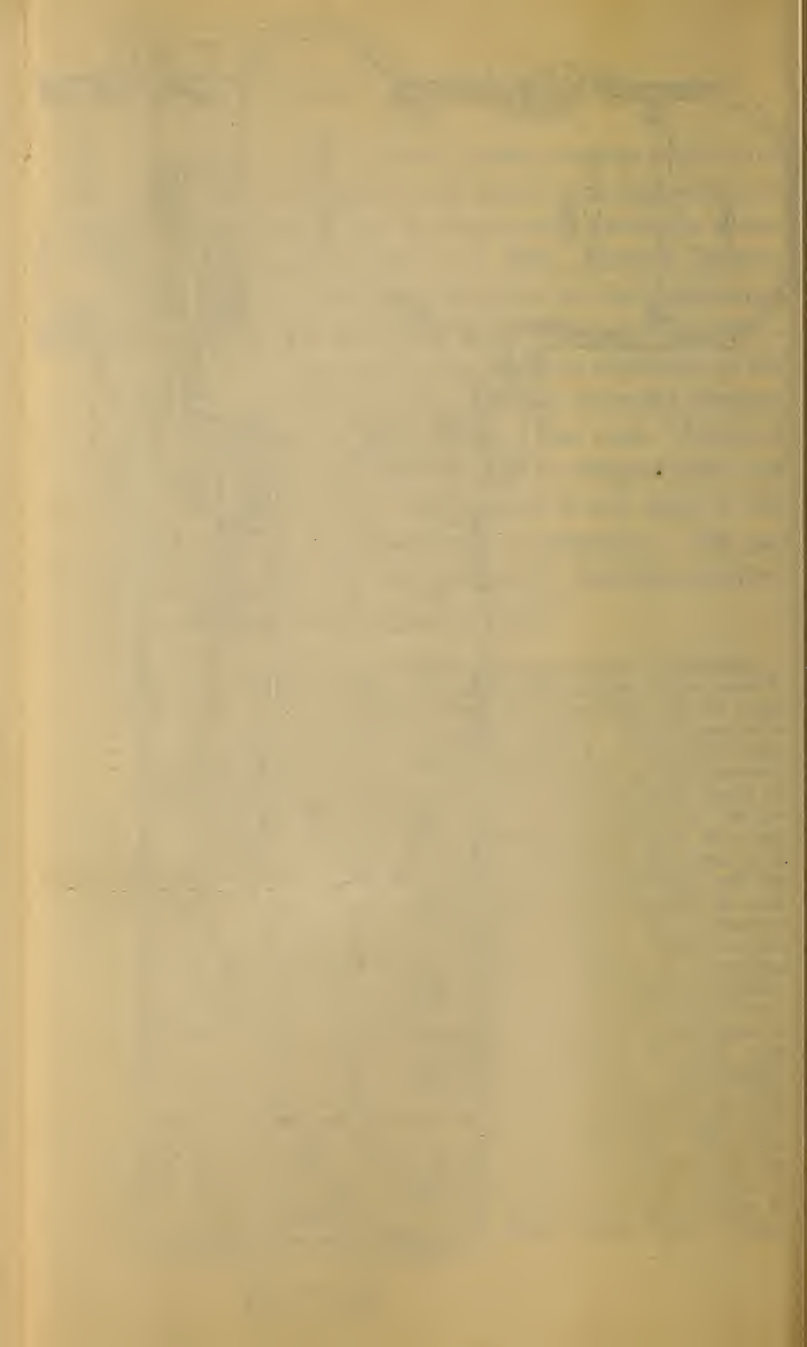
² "There has been much discussion during the last ten years regarding the exact meaning of the term defective delinquent and the types of individual that such a diagnosis should include. When appropriation was made in the State of Massachusetts in 1911 (Acts of 1911, Chapter 595; An act to provide for the maintenance at Reformatory for Women, the Massachusetts Reformatory and the State Farm of departments for defective delinquents) for an institution for the defective delinquent, it was generally supposed that all those who had been misfits in the various institutions to which they had been sent, namely, the mental hospitals, the schools for feeble-minded, and the reformatories, would be found to be defective intellectually as well as emotionally and therefore would be fit subjects for permanent segregation on account of their intellectual defect. When it was found on closer study that many, although defective in emotional control, ranked high when psychometric tests were applied, considerable doubt arose as to the legality of the commitment of such persons, if neither insane nor intellectually defective, no matter how ill they were fitted, on account of their irresponsibility and their lack of emotional control, to be members of the community. Accordingly, certain examiners agreed that the term defective delinquent as they used it for diagnostic purposes, should include only those individuals who were intellectually defective as well as delinquent. This may be considered a restricted interpretation of the term but it is, we believe, the only accurate one. Should the term be used to include all cases with a personality defect of some kind, there would be few in the entire reformatory population who would escape such a classi-



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FIRST FLOOR PLAN
DRAWING No 42.
MAY 27, 1915.
SCALE 1/8" = 1'-0"

HOSPITAL BUILDING
MR. JOHN D. ROCKEFELLER JR. OWNER
BEDFORD HILLS, N.Y.



Plan of Hospital

Since the problem was primarily one of conduct deviation rather than one of mental disease it was considered advisable to admit those cases which showed unusual social reactions as well as those with abnormal mental symptoms. The patients were chosen as follows:

All cases showing on examination obvious mental or nervous abnormality, or suggesting the desirability of a period of observation; those giving a history of mental abnormality in the past of which a recurrence in the usual institutional routine might be expected; and any who showed abnormality of behavior while under observation in the reception cottage.

It was found advisable to transfer directly from the reception cottage to the hospital for the insane any cases that showed definite psychoses, in order to prevent the unstable group in our hospital from being unnecessarily disturbed.

Ideally such a hospital should be available for the study of all cases in the main institution that present unusual problems of behavior as well as abnormal mental states. It was thought best, however, in order to accomplish as much as possible through our experiment to build up first an atmosphere of our own by admitting patients from the reception cottage rather than by transferring en masse

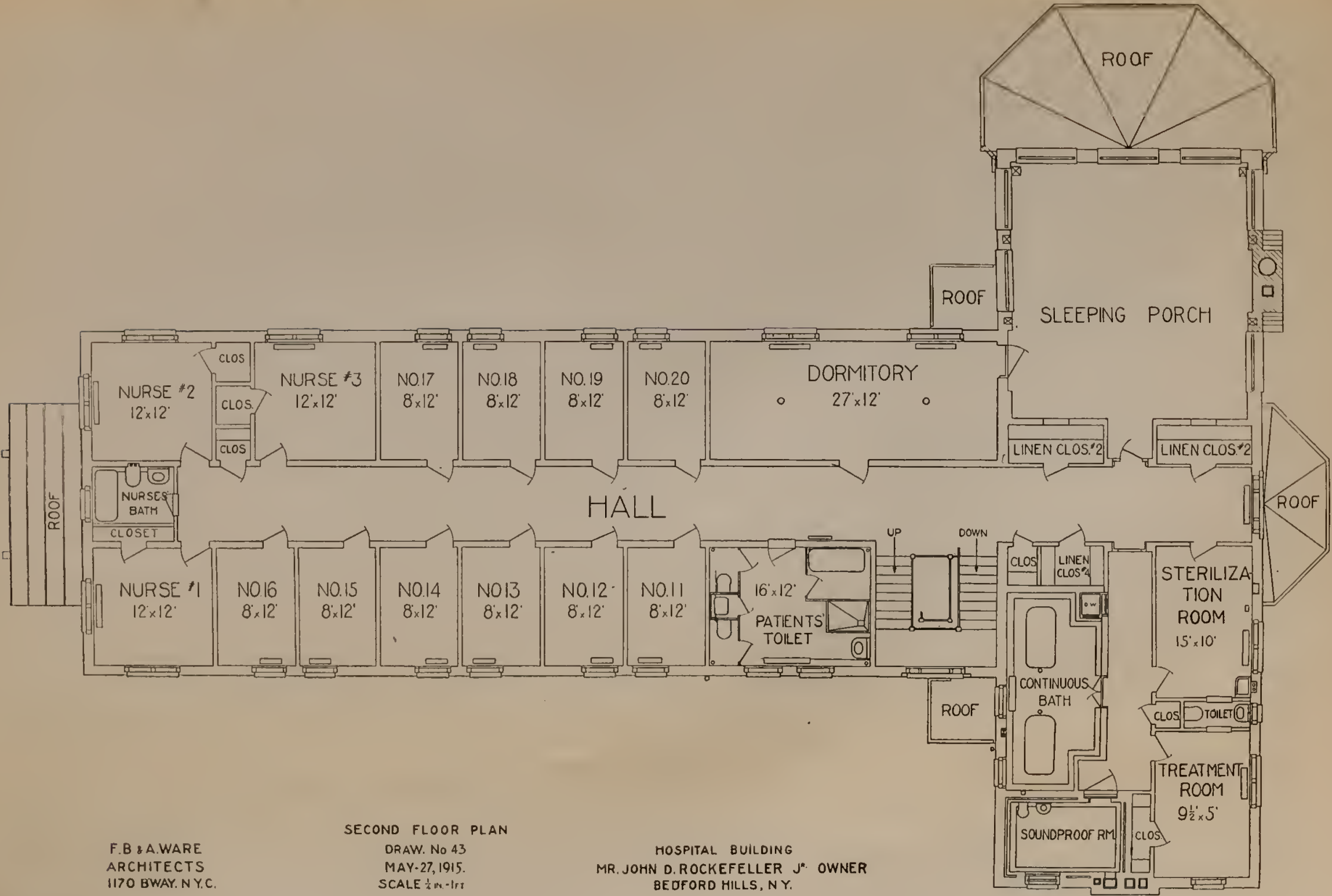
fiction. When the term is used to include that heterogeneous group of individuals who for years have constituted one of the most difficult of institutional problems, it is a misnomer and leads to misunderstandings and a confusion in diagnosis. Such a group should be called preferably 'psychopathic delinquents,' and the word 'defective' reserved for those who manifest intellectual limitations not alone in the sphere of judgment, but according to accepted psychometric standards." Spaulding, Edith R.: *The Problem of a Psychopathic Hospital Connected with a Reformatory Institution*, *Medical Record*, May 14, 1921.

Psychopathic Delinquent Women

the difficult cases which had been in the reformatory for a sufficient length of time to develop an anti-social group spirit.

Similar Experiment Tried Elsewhere. A similar experiment had already been tried at the State Reformatory for Women at Framingham, Massachusetts, during the author's residence there, in which a group of the most unstable were segregated in a part of the institution where they had a different régime intended to give more outlet and an atmosphere of therapy. The experiment had not proved a success in this instance, largely because of the proximity of the main group, whose members the patients who were segregated knew so intimately. The special attention that was given them only served to accentuate their already exaggerated characteristics and the main group served as an audience before which they enjoyed giving demonstrations of their dramatic talent. It seemed hardly worth while to repeat an experiment that had already been seen to fail and it appeared wiser to form a new nucleus by admitting the unstable cases as they first entered the reformatory.

We stood ready, however, to examine any woman showing abnormal conduct or mental symptoms in the main institution and make recommendations for her treatment, and we did take into the hospital later two of the most difficult cases in the institution. One of these was soon transferred to Matteawan because of a depression, and the other, a feeble-minded girl of great emotional instability, remained with us until the hospital closed. Although she had many emotional upsets, she did not demolish any of the hospital windows as had

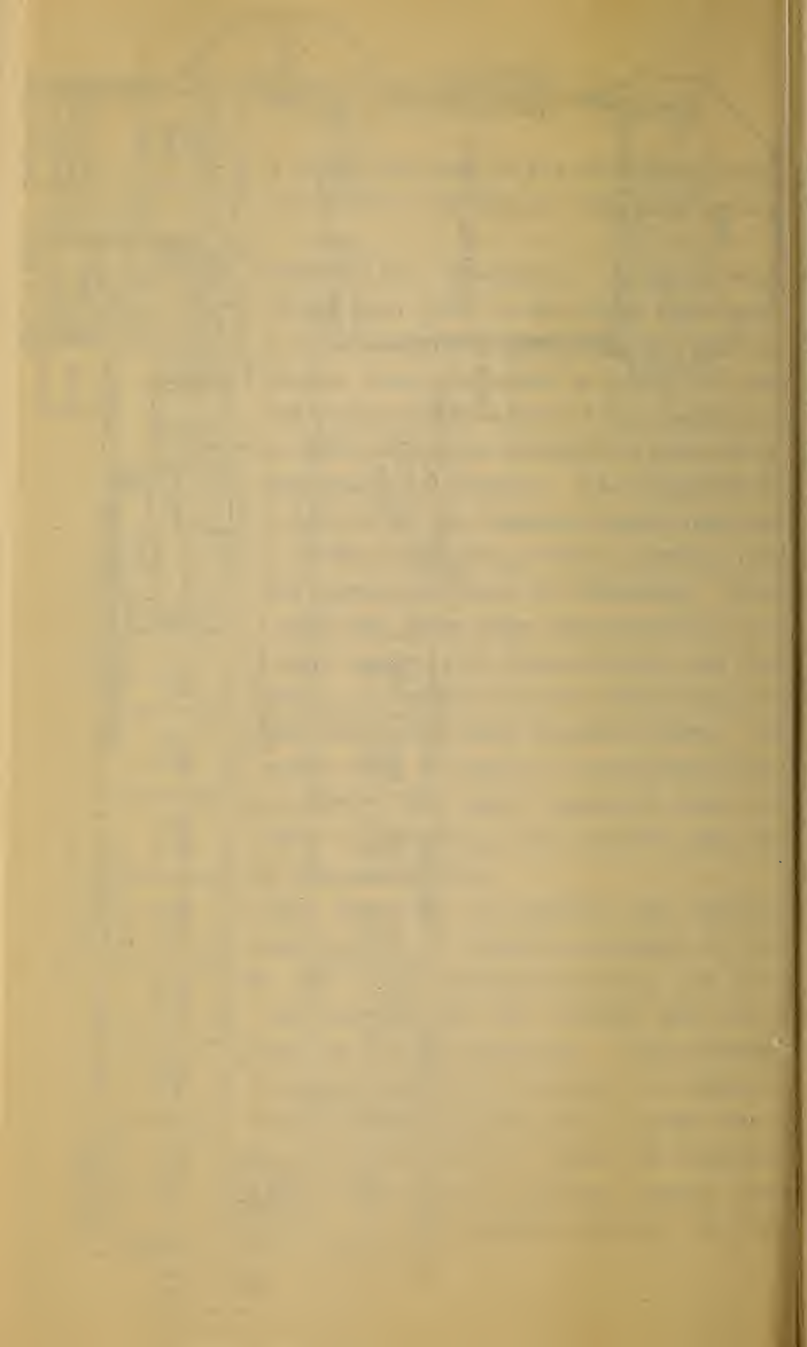


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SECOND FLOOR PLAN

DRAW. No 43
MAY-27, 1915.
SCALE $\frac{1}{4}$ " = 1'-0"

HOSPITAL BUILDING
MR. JOHN D. ROCKEFELLER J^r. OWNER
BEDFORD HILLS, N. Y.



Plan of Hospital

been her custom in the main institution and, with the aid of much individual attention and very tactful handling, maintained what for her was a fairly stable emotional level.

The experiment, as will be seen, was not intended to be simply a substitute for a disciplinary building, but was rather an attempt to study more intensively into cause and effect and erect if possible a reëducational structure which eventually might lessen the need of a disciplinary building.

CHAPTER II

FACILITIES AND PHYSICAL MAKE-UP OF HOSPITAL

Type and Number of Rooms. The hospital contained sixteen single rooms, eight by twelve feet, for patients and a dormitory which held four beds. A glass window was placed in the door of two of the single rooms for purposes of observation and a protected light controlled by a switch in the corridor was placed in the ceiling. While these precautions later proved of value in the observation and control of difficult patients, the two rooms were looked upon with considerable suspicion by the girls. All other lights, besides being controlled within the room, were also connected with an outside switch.

Dormitory and Its Disadvantages. The dormitory, originally intended for patients needing observation, was seldom used for such a purpose, as a single disturbed patient made the room uninhabitable for any one else. It offered a stage on which she might perform and any audience that might be there was unfavorably influenced. Those who have been able to compare the types of patients usually cared for in the dormitories of mental hospitals with the psychopathic delinquent types who might need similar observation will realize that, although theoretically they appear related, actually they present

Facilities and Make-up of Hospital

quite different problems. If patients are really suicidal they can be kept under observation in a dormitory. On the other hand, if the attempts at suicide are simply pretenses and represent in reality efforts to make their supervision difficult, then the presence of a group of their associates only magnifies their histrionic desires and furnishes greater opportunity for their expression. Because, too, of the herd instinct with its associated suggestibility and inflammability which was so strong in our group, dormitory life was not easy to control. Consequently our dormitory was eventually utilized for the more stable women who were in the hospital as workers. They could be held to standards of responsibility and trust and the single rooms which they would otherwise have occupied were thus made available for the less trustworthy patients.

The Sleeping Porch: Its Original and Ultimate Use. One of the assets of the hospital was an ideal outdoor sleeping porch about twenty feet square which could be well curtained from the rain and snow. The porch was intended originally for sleeping purposes at night, for the rest period during the day and for recreation and physical exercise in rainy weather.

The difficulties attending the use of the dormitory were also met in the use of the sleeping porch at night. It was impossible to supervise it properly, since the night nurse was obliged to care for the entire hospital and could not devote herself exclusively to those out of doors. It was also impossible to call upon the nurses who had such strenuous hours on duty during the day to accept further responsibility in sleeping with the group. If nothing more serious occurred than continuous talking by two

Psychopathic Delinquent Women

girls carried on late into the night, the rest were disturbed and, because of insufficient sleep, the irritability of the whole group was accentuated during the next day.

The sleeping porch proved equally unsatisfactory during the rest hour after dinner, for the friction that was usually present was accentuated when the girls were tired. The slightest unfavorable comment would upset the equilibrium of the entire group and destroy any benefit that might otherwise have been obtained. The rest period was consequently taken in the individual rooms and even then was efficacious only when the doors were locked. The quarrelsome tendencies of the girls and their strong sex attraction for one another, made unrestricted visiting in the rooms and even at doorways the source of unnecessary friction. When each girl knew that nothing was "getting by" her and that every girl was obliged to be quiet, she relaxed and gained benefit from the certainty that all were being treated alike.

Although the plan of using the porch for the group was abandoned, it was used for individual cases who showed tuberculous tendencies. It also proved a help on rainy days. However, because of its good acoustic qualities and the excitability of the women when indulging in any group activity out of doors, it was difficult to control their hilarity sufficiently to prevent them from disturbing the girls in the reception house, a few hundred feet away. The recognized propensity of certain psychopathic subjects to take an ell if given an inch may, perhaps, be considered consistent with their inability to become only slightly excited without becoming uncontrollably elated.

Facilities and Make-up of Hospital

Occupational Room: Its Equipment. The occupational room under the sleeping porch, also twenty feet square, with its open fireplace and abundance of light and sun, was a great asset to the hospital. Large enough for the various forms of looms that were used, a carpenter's bench and other occupational equipment, it was also available as a general assembly room and for dancing and entertainments of all kinds.

Operating Room. A small but well-equipped operating room, with sterilizing room attached, proved adequate for major operations when necessary and for the treatment of gonorrhea and of syphilis.

Isolation Room: Its Advantages and Disadvantages. In the section provided for treatment there was a small room adjoining the continuous baths, and as far removed from the bedrooms as the size of the hospital permitted, which was fitted with toilet facilities and screened window and light. This was intended for use in cases where isolation from the other patients seemed necessary either for therapeutic or disciplinary reasons. Unfortunately, because, perhaps, of the fireproof construction of the hospital, sounds were transmitted from this room to the entire hospital with amazing clearness. It was utilized variously for disturbed patients needing separation from the main group, by patients requesting to be isolated because of the group's general noisiness, sometimes during the day by a night nurse seeking a secluded spot in which to sleep and sometimes for a prescribed period of isolation as a form of punishment. Considerable difficulty resulted from the fact that there was but one such room; for, when the room was occupied and our limitations

Psychopathic Delinquent Women

were recognized, a second patient could purposely "start something" and try to make it necessary to place her there in order to bail out her friend who had been occupying the room.

Hydrotherapy: Importance in Medical and Mental Cases. The hospital was equipped with two continuous baths which were a valuable asset during the entire life of the hospital.¹ The baths were used to counteract sleeplessness, for temporary excitements, to encourage circulation in under-nourished persons and as a routine procedure in the cases of those patients who showed continued irritability over long periods of time. The fact that they were considered a privilege by the girls and almost without exception were enjoyed, was a great help in their efficacy. When a girl was much excited and in a fighting mood, she was frequently given the option of a pack or a bath. She usually refused a bath at such a time, but was willing to take one after she had had the pack. A patient feeling irritable would not infrequently ask permission to take a prolonged bath, before it was suggested by the physician. The author recommends strongly that every institution be equipped with continuous baths since she believes that they will be found of great assistance in the treatment of psychopathic individuals.² Wet packs were used, especially in the earlier days of the hospital. Later on, after discipline had been introduced, they did not seem so neces-

¹ At times there were given as many as eleven baths a day, varying in time from half an hour to two hours. The highest weekly and monthly rates were sixty-one and two hundred twenty, respectively; the daily, weekly and monthly averages during the second year were three, twenty and eighty, respectively.

² The Elizabeth Fry reception house has one such bath.

Facilities and Make-up of Hospital

sary. It was found that the knowledge that privileges would be withdrawn under certain conditions caused inhibitions which were helpful in establishing self-control.

A copy of the chart used for recording prolonged baths and packs is shown on the following page.

Library. There was a small library available to the patients, including, besides the books of fiction donated by friends, a supply of text books chosen with the special needs of the group in view and containing such subjects as occupational work, housekeeping in its various phases, gardening and outdoor activities. The hospital staff had at its command an interesting selection of books, largely on the different aspects of behavior and conduct disorder, which was a part of the laboratory library.

Laboratory Equipment. Since there were no facilities in the state institution for bacteriological examination, except for microscopic work, it was thought advisable to supply this need with a well equipped laboratory. Therefore, an electric incubator was installed and a simple but satisfactory laboratory was equipped in a large room in the basement of the original laboratory building.

Psychopathic Delinquent Women

PROLONGED BATH RECORD

Name.....

Date	Time	Dr. by whom ordered	Condition on entering bath	Condition at end of bath	Pulse rate at beginning of bath	Pulse rate at end of bath	Remarks
							Reasons for bath, attitude during bath, and effect of bath.

CHAPTER III

PLAN OF TREATMENT

Proposed Treatment: General Hygienic and Supportive Treatment. The first factor in the treatment that was considered of importance was improving the physical condition of each patient. In order that we might be prepared to treat adequately general conditions of malnutrition, a special sum¹ was included in our budget for milk and eggs to supplement the regular diet supplied by the state.

Each patient was examined by an oculist and was provided with glasses when these were indicated. The teeth also were cared for adequately, necessary work being done and paid for by private funds if the girl was unable to supply payment from a home allowance or from her earnings in the occupational department. The state provided for extractions only. All necessary operations, both major or minor, were performed by members of the consulting staff.

Anti-specific Treatment. An intensive program was planned for each luetic patient beyond what it was possible to provide at that time under state régime. Furthermore, since no salvarsan was being given by the state,

¹ See financial report, page 128.

Psychopathic Delinquent Women

the offer was made to treat in an out-patient department all the luetic patients in the institution. Twelve to fifteen patients were consequently treated at a time at a weekly clinic, this being as much time as could be spared by nurses, doctors, and assistants from the original hospital schedule. Of the forty-four patients and workers who were cared for in the hospital, twenty-three had a positive Wassermann reaction and thirty-four had gonorrhea. Thus 77.3 per cent of the total number had gonorrhea, 52.3 per cent had syphilis and but 18.2 per cent had neither infection.

Plan for Reëducation According to Individual Needs. A plan of reëducation was made for each individual, following as far as it was possible with the resources offered the lines of activity which were indicated for her development. Most of these women have few real interests and even with innumerable resources it is difficult to direct their energy into any constructive channels.

Daily Routine of Patients and Workers. The general plan of the patient's daily routine was as follows: The breakfast hour in the hospital was half an hour later than that in the institution, as it was thought advisable to have a shorter day. The girls were called at seven o'clock and had breakfast at seven-thirty. Although they were free to converse in the dining-room, a nurse or a matron was always present to guide the conversation and prevent, if possible, topics or incidents which might lead to trouble. After breakfast the patients went to their rooms, while the officers with the exception of two that ate at the same time as the patients, had their breakfast.



GARDENING IN EARLY SPRING.



Plan of Treatment

During the half hour in the morning when the patients were in their rooms, they were supposed to make their beds, put their rooms in order and prepare themselves for their classes or for any hospital task which might be assigned them.

Patients were divided into two groups: One group attended the occupational class from nine o'clock to ten-fifteen, following which they had some out-door exercise or occupation until eleven-thirty. The second group spent the first period out of doors and the second in the occupational room. The period from eleven-thirty to twelve was spent in resting and in preparation for dinner. After dinner there was a rest hour; although difficult to enforce, it was a valuable part of the daily routine.

From one-thirty to three, both groups of patients were again in the occupational room, going out for work or exercise of some kind from three to four. At four o'clock they returned for an hour of school work.

From five to five-thirty, all the girls were in the occupational room for recreation. Sometimes a nurse or matron read aloud during this period, although it was always difficult to find a book which would hold their attention.

Supper was served from five-thirty to six; then the patients went to their rooms until six-thirty, while the nurses had their supper. From six-thirty until eight, the entire group was in the occupational room, where there was dancing at least twice a week. The nurses in charge played games with those interested. One group was fond of cards while others preferred to knit or do fancy work. An attempt was made to occupy them in

Psychopathic Delinquent Women

some way that would not be too stimulating and yet would hold their interest.

In formulating the daily schedule of women in reformatories it has been considered desirable to consider the standard of work which will be expected of them when they return to society. Our patients, however, corresponded to the women who were never able to live up to any form of institutional routine, either hard or easy. It was considered necessary, therefore, as it is with mental patients, in order to hold their attention to any degree, to occupy them with one kind of work or recreation only so long as they were able to benefit by it. It was on this account that the periods were made short and the occupation frequently changed.

The workers of the hospital, who were usually not there as patients and who were more reliable, had a somewhat different routine from the patients. The "second cook" and "kitchen maid" who alternated weekly in attending to the kitchen fire in the early morning, were awakened by the night officer at five forty-five A. M. The other kitchen and laundry girls were called at six-fifteen A. M.

After breakfast, the kitchen and laundry girls continued their various tasks which were usually completed by one-fifteen or one-thirty P. M. From two until three P. M. they had outdoor exercises; from three until four, occupational classes; from four to four-thirty, educational classes. The kitchen girls then prepared supper and the laundry girls attended to any work which was to be done in their department. Supper was served at five-thirty. Their work was usually finished by six-

CHART SHOWING RECORD WHICH WAS KEPT DAILY

October 3, 1917	House- work	Break- fast	House- work	Occupational Therapy	Outside Occupation	Out of doors in gar- den and on grounds	Dinner	R
1. Estelle R.....	.....	7-7.30	7.30-9	9-10.30	CleaningLab. 10.30-11.30	.....	12-12.30	12.30
2. Mina M.....	.....	7-7.30	7.30-8.30	Ill $\frac{1}{2}$ day	.....	.....	12-12.50	.....
3. Fannie L.....	.....	7-7.30	7.30-9	9-10	CleaningLab. 10.30-11.30	.....	12-12.30	12.30
4. Mazie L.....	.....	7-7.30	7.30-9.30	Extra clean- ing	.....	.....	12-12.30	12.30
5. Mabel D.....	In bed	7-7.30	.....	.....	.....	.....	12-12.30	12.30
6. Antoinette W.....	.....	7-7.30	7.30-9	10.30-11.30	.....	.....	12-12.30	12.30
7. Bertha W.....	.....	7-7.30	7.30- 9.30	10.30-11.30	CleaningLab. 10.30-11.30	.....	12-12.30	12.30
8. Sylvia S.....	.....	7-7.30	7.30- 9.30	Excused	.....	.....	12-12.30	12.30
9. Clara W.....	.....	7-7.30	7.30- 9	9-10.30	.....	.....	12-12.30	12.30
10. Carmela T.....	6.45-7	7-7.30	7.30-10	10.30-11.30	.....	.....	12-12.30	10-11
11. Louise D.....	.....	7-7.30	7.30-12	(Assisting in kitchen)	.....	.....	12-12.30	10-11
12. Rosie S.....	.....	7-7.30	7.30-9	10.15-11.15	.....	.....	12-12.30	12.30
13. Amanda B.....	.....	7-7.30	7.30-11.30	.....	.....	.....	12-12.30	12.30
14. Susan S.....	.....	7-7.30	7.30-11.30	.....	.....	.....	12-12.30	12.30
15. Jessie J.....	.....	7-7.30	7.30-12	.....	.....	.....	12-13.20	12.30
16. Gladys C.....	6.30-7	7-7.30	7.30-12	.....	.....	.....	12-12.30	12.30
17. Viola H.....	6-7	7-7.30	7.50-12.30	.....	.....	.....	12-12.30	12.30
18. Sallie G.....	6.20-7	7.30-7.50	7.50-12.30	.....	.....	.....	12.30-12.50	12.30
19. Elsie C.....	6.20-7	7.30-7.50	7.50-12.30	.....	.....	.....	12.30-12.50	12.30

DOSE FOR EACH PATIENT THROUGHOUT THE DAY

	Rest- ing in Sun Parlor	Occupa- tional Therapy	Out of Door Games	Walk- ing	Reading	House work	Supper	House work	Recrea- tion	Pro- longed Bath	Salvarsan administered to—
12.30	.....	1.30-3	3-4	4-4.30	4.30-5.30	.....	5.30-6	.....	6-8	.....
1.00	.....	Ill	3-4	4-4.30	.....	.....	5.30-6	.....	6-8	.....	Sylvia S.
1.30	.....	1.30-3	3-4	4-4.30	.....	.....	5.30-5	.....	6-8	.....	Sallie G. Susan S.
1.30	.....	1.30-3	3-4	4-4.30	.....	.....	5.30-6	.....	6-8	.....	Jessie J. and to five girls from the institution
1.30	.....	In bed	In bed	In bed	.....	.....	In bed 5.30-6	.....	In bed	.....
1.30	.....	1.30-3	3-4	4-4.30	.....	.....	5.30-6	.....	6-8	.....	From 10-11.30
1.30	.....	1.30-3	3-4	4-4.30	.....	.....	5.30-6	.....	6-8	.....
1.30	.....	1.30-3	3-4	4-4.30	.....	.....	5.30-6	.....	6-8	.....
1.30	.....	1.30-3	3-4	4-4.30	.....	.....	5.30-6	.....	6-8	.....
1.30	.....	1.30-3	3-4	4-4.30	.....	.....	5.30-6	.....	6-8	.....
1.30	.....	1.30-3	3-4	4-4.30	.....	.....	5.30-6	.....	6-8	.....
1.30	.....	1.30-3	3-4	4-4.30	.....	.....	5.30-6	.....	Deprived	.....
1.30	.....	1.30-3	3-4	4-4.30	.....	.....	5.30-6	.....	6-8	.....
1.30	2-3	3-4	.....	4-4.30	.....	.....	5.30-6	.....	6-8	.....
1.30	2-3	3-4	.....	4-4.30	.....	.....	5.30-6	.....	6-8	.....
1.30	2-3	3-4	.....	4-4.30	.....	.....	5.30-6	.....	7-8	.....
1.30	2-3	3-4	.....	4-4.30	.....	.....	5.30-6	.....	7-8	.....
1.30	2-3	3-4	.....	4-4.30	.....	.....	5.30-6	.....	7-8	.....
1.30	2-3	3-4	.....	4-4.30	.....	.....	6-6.20	.....	7-8	.....
1.30	2-3	3-4	.....	4-4.30	.....	.....	6-6.20	.....	7-8	.....

Plan of Treatment

thirty. It will be seen that the workers obtained almost as many of the hospital advantages as the patients, although not for such long periods.

A schedule of the day's routine for both patients and workers follows:

Average Residence in the Hospital. While some cases, such as patients with chorea or a torticollis, benefited by short periods of treatment so that it was possible to return them to the institution much improved, the majority of the cases, because of the chronicity of their condition, continued to need special attention over a protracted period. These latter cases showed much emotional instability associated with undesirable traits of character and seemed naturally to need treatment in a group outside the main institution, for the sake of the more educable ones quite as much as for their own sake.

Forty-four patients and workers were treated in the hospital during its existence. The period of their residence there varied from 7 days to 475 days, the average being 222 days, or approximately 7 months and 4 days.

The Hospital Staff. The staff for the eighteen patients was composed of the following twelve persons: A director and a psychiatrist, four nurses (one of whom was on relief and the other on night duty), two matrons, a housekeeper, a gymnastic teacher, an occupational teacher and a stenographer. Although this staff may appear to be an unnecessarily large one, it was essential to provide for any emergency that might occur during the twenty-four hours. Furthermore, it was our purpose to give the members of the group every advantage that could be secured by personal attention. In dealing with

Psychopathic Delinquent Women

similar situations in most reformatories men are available and handcuffs are utilized. We made use of neither and consequently it was necessary to have several persons on duty at all times.

CHART SHOWING SCHEDULE FOR OFFICERS AND NURSES

Officers & Nurses	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total hours weekly
Head Nurse	Day off duty	a.m.7.30 p.m.9 off duty 3 to 5	a.m.7.30 p.m.6 off duty 6 to 9	a.m.7.30 p.m.9 off duty 3 to 5.30	a.m.7.30 p.m.6 off duty 6 to 9	a.m.7.30 p.m.9 off duty 12.30 to 3	a.m. 12 p.m.9 off duty 8 to 12	63 $\frac{1}{2}$
Operating Room Nurse	a.m.7.30 to 9.30 p.m.12 to 9 off duty 9.30 to 12	Day off duty	a.m.11.30 p.m.9 off duty 7.30 to 11.30	a.m.7.30 p.m.6 off duty 6 to 7	a.m.7.30 p.m.9 off duty 3 to 5.30	a.m.7.30 to 9.30 p.m.12 to 9 off duty 9.30 to 12	a.m. 8 to 12.30 p.m.4.30 to 9 off duty 12.30 to 4.30	63
Corridor Nurse	a.m.7.30 to 12.30 p.m.3 to 9 off duty 12.30 to 3	a.m.7.30 to 9.30 p.m.12.30 to 9 off duty 9.30-12.30	a.m.7.30 to 9.30 p.m.12 to 9 off duty 9.30 to 12	Day off duty	a.m.7.30 to 12.30 p.m.3 to 9 off duty 12.30 to 3	a.m.7.30 p.m.6 off duty 6 to 9	a.m.8 p.m.4.50 off duty 4.50 to 9	63 $\frac{1}{3}$
Relief Nurse	a.m.7.30 to 12 p.m.9 to 7 a.m. off duty 12 to 9	Sleeping	a.m.9 to 11.30 p.m. 2 to 4 5 to 5.30 off duty 6 to 9	a.m.7.30 to 9.30 p.m.12 to 9 off duty 9.30 to 2	Day off duty	a.m.7 to 1.15p.m. p.m.4.30 to 6.30 Relieve kitchen matron	p.m.12 to 9 off duty 8 to 12	47 $\frac{3}{4}$
Disciplinary Matron	a.m.7.30 p.m.6 off duty 6 to 9	a.m.7.30 p.m.6 off duty 6 to 9	a.m.7.30 to 10.30 p.m.1.30 to 9 off duty 10.30 to 1.30	Day off duty	a.m.7.30 to 9.30 p.m.12 to 9 off duty 9.30 to 12	a.m.7.30 p.m.9 off duty 3 to 5.30	a.m.8 p.m.4.30 off duty 4.30 to 9	62
Occupational Teacher	a.m.9 to 11.30 p.m.1.30 to 5	a.m.9 to 11.30 p.m.1.30 to 5	a.m.9 to 11.30 p.m.1.30 to 5 6.30 to 9	a.m.9 to 11.30 p.m.1.30 to 5	a.m.9 to 11.30 p.m.1.30 to 5	a.m.9 to 11.30 duty p.m. off	Day off duty	35
Kitchen Matron	a.m.7 to 1.15 p.m.4.30 to 6.30 off duty 1.15 to 4.30 6.30 to 9	a.m.7 to 1.15 p.m.4.30 to 8.30 off duty 1.15 to 4.30 6.30 to 9	a.m.7 to 1.15 p.m.4.30 to 8.30 off duty 1.15 to 4.30 6.30 to 9	a.m.7 to 1.15 p.m.4.30 to 6.30 off duty 1.15 to 4.30 6.30 to 9	a.m.7 to 1.15 p.m.4.30 to 6.30 off duty 1.15 to 4.30 6.30 to 9	Day off duty	a.m.7 to 1.15 p.m.4.30 to 6.30 off duty 1.15 to 4.30 6.30 to 9	49 $\frac{1}{2}$
Physical Instructor	a.m.9 to 11.30 p.m.2 to 4 5 to 5.30 off duty 11.30 to 2 4 to 5	a.m.9 to 11.30 p.m.2 to 4 5 to 5.30 6.30 to 9	Day off duty	a.m.9 to 11.30 p.m.2 to 4 5 to 5.30 6.30 to 9	a.m.9 to 11.30 p.m.2 to 4 5 to 5.30	a.m.9 to 11.30 p.m.2 to 4 5 to 5.30 6.30 to 9	a.m.9 to 11.30 p.m.2 to 4 5 to 5.30	37 $\frac{1}{2}$
Night Officer	Night off duty	9 p.m. to 7 a.m.	9 p.m. to 7 a.m.	9 p.m. to 7 a.m.	9 p.m. to 7 a.m.	9 p.m. to 7 a.m.	9 p.m. to 7 a.m.	60

CHAPTER IV

DEPARTMENTS IN DETAIL

Nursing Department: Type of Nurses Needed. There were usually employed in the hospital four nurses, all of whom, besides their general training, had had special experience with mental cases in some of our best hospitals. Besides being prepared for surgical procedure, they were equipped to use in their attitude, as well as in their technique, the approved therapeutic measures which range from the art of persuasion and a desirable approach in their personal contact with patients to more specific measures such as the administration of packs and baths. While we were able to obtain unusually capable nurses for long periods, it was often difficult, especially in times of emergency, to persuade the nurses who otherwise would have been desirable that the higher salaries which we were able to offer, because of private means, were in any way adequate for the strain entailed.

Besides a housekeeper, there were two matrons who had had long experience among reformatory women and had been successful in the management of the more difficult types. It is worthy of note that some of the most unstable cases felt that these matrons understood them and that they were more successful in dealing with them than were the nurses.



DINING ROOM.

Departments in Detail

Reactions of Nurses with Training in Mental Hospitals to Present Problem. We were fortunate in having at the head of the nursing department during the first few weeks Miss Katherine Hearn, who for many years had had valuable experience at Bloomingdale Hospital. It was to the superintendent of that hospital, Dr. William H. Russell, that we were indebted for this favor. With Miss Hearn's permission, I will quote the remark that she made as she left us, somewhat discouraged at the general aspect of the situation, before the full three weeks of her time with us had elapsed. Never in her long years of experience had she come across such viciousness and vindictive behavior as these patients displayed. "You don't need me here, I can't help you. What you need is a disciplinarian. I had not realized that so much lack of appreciation or lack of response to kindness could exist. You have a very different situation from ours."

It was the universal experience of the nurses employed to find to their surprise that the group of psychopathic women at Bedford presented a very different problem from that with which they were familiar in mental hospitals. While certain types corresponded to those which they had met before in their experience, still the sum total of their reactions showed a picture with which they were unfamiliar and which presented discouraging aspects from the standpoint of the usual form of mental therapy.

Our head nurse,¹ who had previously been the assistant

¹ The following is an extract from the report of this nurse:

"A Psychopathic Hospital for delinquents presents in many ways a vastly different nursing problem from that found in the usual psychopathic hospital. First, there is the anti-social feeling, which is quite common among these patients and which makes the nursing much more difficult than in the usual psychopathic hospital. The

Psychopathic Delinquent Women

superintendent at the Boston Psychopathic Hospital as well as in positions of responsibility in general hospitals for many years, said, "Never in all my experience have I found any patients who respond so little to kindness as these women." Another very efficient nurse, who had also had experience at Bloomingdale and who was unusually successful in getting results in her contacts with the patients, being universally a favorite, once said in despair, "I don't mind any amount of nursing, if some one will only keep them in order." These remarks are quoted to show, if possible, the uniqueness of the situation that is to be found in a group of delinquent psychopathic women. Only recently has the remark been made by a psychiatrist of note that this group of women differs very little from any group of women found in boarding schools to which difficult types are sent. Such a state-

patient soon suspects herself under observation; and if she has not yet reached the suspicious stage, she is soon told by the other patients that she is being observed. Lack of confidence in those under whose care she has been placed is quite marked, especially at first. In reality this dates from her sentence, which she invariably feels was unjust, and is probably the result of the attitude that she has held for many years. Because of her intense feeling against the court, she is constantly on the alert for signs of treachery on the part of those in whose care she has been placed. So apparently unaccustomed to kindness were many of our patients that they did not understand it, and frequently doubted the sincerity of the best intentioned person, feeling that other motives than interest in themselves inspired the kind word or act.

"I found in the ordinary psychopathic hospital that the patient who did not respond to kindness was rare. The delinquent psychopath, however, does not appreciate what is done for her along educational, occupational and diversional lines as the non-delinquent psychopath does, for she feels that we are only offering her a poor compensation for the injustice done to her by giving her a 'sentence of three years for a mere misdemeanor.' Unconcealed contempt for anything or anyone representing authority, together with social hatred in general, were quite common among these women and are according to my experience peculiar to this class."

Departments in Detail

ment as this would seem to imply a complete misunderstanding of the problem involved. If the studies made at the hospital, of individual and group emotional reactions could succeed in establishing the fact that the problem is a unique one, not because of its individual characteristics but rather because of the accumulation and combination of exaggerated, unconstructive types of personality in emotionally unstable individuals, the experiment will have been worth while.

Attitude of Inexperienced to Problem. Some years ago a group of men, who constituted a jury selected for the purpose, were making a tour of investigation of a certain reformatory. They were shown a girl in an isolation room in which there was no furniture. The girl had been in the room for three days without being given exercise. The girl was pretty and had an appealing face and was somewhat shy before the unexpected visitors. Upon leaving the room, one man became much excited declaring that "even a horse would be treated better than that!" He wished to return to the room to question the girl further. When the door was opened the second time, the girl, who by this time had recovered from her surprise, gave forth in answer to his first question such an unexpected tirade of abuse of him and his associates, couched in such clear-cut, unmistakable language, that the man, terrified, left the room in great haste, and, when safely outside, with the double doors bolted, was heard to remark, "Well, if that is the way she behaves, she can't have too much of such treatment to suit me."

Need of Larger Nursing Staff for Care of Difficult

Psychopathic Delinquent Women

Patients. Every time a girl is led to such a cell or is put in physical restraint, it is, I believe, an admission of defeat for those who are treating her. It is obvious, of course, that each patient should have exercise and a chance to bathe each day that she is in isolation, but accomplishing this in the ordinary penal institution, where large numbers are being treated by the small numbers of poorly paid matrons that the state provides, is a practical impossibility. An appreciation of the difficulties encountered can, we believe, be attained only by those who have actually lived in the institutions. Even with the staff at our command it was difficult to arrange a schedule which provided for the individual attention, the actual nursing, and the outdoor exercise for special patients which was considered necessary.

It is only by employing a larger and a more highly trained staff than the state provides in penal institutions, that the horrors of the isolation cell with insufficient physical and mental hygiene can be avoided. Difficult as the problem always will be, such a staff is the foundation of any therapeutic or reëducational procedure that may be instituted. For the treatment of these patients lies in the prevention of their emotional episodes, as far as it is possible, as well as in the management of the emotional attacks that cannot be avoided. As Dr. Adolf Meyer pointed out the day the hospital opened, it is of great importance to keep up constant supervision of each patient without her realization of the fact. In order to accomplish this there was need of great detail in the planning of the daily schedule. The schedule illustrating this point is given on page 19.

Departments in Detail

Hours and Daily Routine of Officers. The nurses were on duty from seven A. M. until nine P. M., with two and one-half hours off during the day and with one day off each week. This schedule varied somewhat for different days in the week, but the total time ranged from forty-seven to sixty-three hours weekly. A nurse or matron was always on duty at seven A. M. to relieve the night nurse, waken the patients and see that they were properly dressed, that they bathed, opened their beds and were ready for breakfast by seven-thirty, and to see that the girls who were ill were given breakfast trays at the same hour. As has already been stated, a nurse or matron always sat at the table with the girls to guide the conversation into safe channels, prevent disputes or arbitrate unavoidable ones. It was necessary at such times to have a nurse on both corridors, that the needs of the girls who, for one reason or another were not with the main group, might be attended to. After the nurses' breakfast, a half hour later, treatment for venereal disease was given and any special form of medication that had been prescribed. It was no easy task to keep the girls occupied, at the same time, with their household tasks, so that they would be ready to go to the occupational class or join the outdoor group at nine o'clock. It is difficult to realize the absolute lack of personal responsibility that existed among the members of this group. There are, probably, few people in the world outside of mental hospitals who show so little ability to perform the simple necessary tasks of every-day life without constant supervision.

While the two groups were being cared for, it was

Psychopathic Delinquent Women

necessary for one nurse to be in the operating room to assist the physician, for another to supervise the continuous baths that were almost constantly being given, and for a third to be responsible for the corridors and available to attend the door-bell or telephone and to supervise any girls who remained in their rooms. In case a girl was in isolation, it required most of the time of one matron to care for her needs, give her prolonged baths and exercise, and help to mold her attitude from a contentious one to one of coöperation.

During the periods of recreation after class hours, one and usually two nurses or matrons were present to prevent untoward happenings. The duties thus described in detail and the vantage points that had to be covered, represent only the skeleton of the daily routine and do not give an adequate picture of the sudden changes in strategic positions necessitated by the quarrels, fights, and individual and group episodes that were likely to occur at any moment and for which a goodly staff was invariably needed. Those who were off duty, if at home, were always called to the scene of action to make up the necessary quota.

The special duties of each nurse are appended:

OFFICERS AND NURSES

(1) Head Nurse

DUTIES

Executive and supervisory work. Frequently had to help with general routine, when special attention was given individual patients, so that other patients were not neglected and so that officers and nurses might get their free time. Supervised surgical operations.

(2) Operating-room Nurse

Responsible for operating room equipment. Assisted physician in administering salvarsan, and with gynecological treatment and major and minor operations; gave out medicine, and attended to any treatment ordered; supervised cleaning of

Departments in Detail

- operating, sterilizing, isolation, and continuous-bath rooms. In spare time assisted wherever help was needed in the hospital. Relieved head nurse when she was off duty.
- (3) Corridor Nurse Had charge of second floor; superintended the patients' bed-making and cleaning on that floor; attended to all bed patients on first and second corridors; was responsible for temperatures, etc.; assisted in giving continuous baths and looked after girls' laundry.
- (4) Relief Nurse Relieved disciplinary matron, operating-room nurse, corridor nurse, and outdoor matron. Went off duty one day at 12 noon to relieve night nurse, and had next day for sleeping.
- (5) Disciplinary Matron Was arbitrator in all disputes and made plans for the subsequent treatment of those involved when it was necessary, after consulting with the physician. If a patient was in isolation as a result of some offense, the disciplinary matron took entire charge of her until she was able to mingle with the rest of the girls. Had charge of the first corridor, supervising the bed-making and the cleaning there.
- (6) Night Matron or Nurse Saw that all doors that led to unbarred windows were locked at 9 P.M.; made rounds every half hour. (Patients were instructed to turn on their lights if they needed anything during the night.) Called one kitchen girl at 5:45 A.M. to attend to kitchen range; called other kitchen and laundry girls at 6:15. (On Sunday they were called a half hour later.)
- (7) Housekeeper Supervised kitchen department; ordered and planned the meals; instructed girls in cooking, cleaning, laundry work, and waiting on the table.
- (8) Physical Instructor and Later Outdoor Matron Took patients for outdoor exercise, alternating with occupational classes. Instructed patients in gardening in A.M. In P.M. either walked with the girls or played games on the playground. Helped plan entertainments.
- (9) Occupational Teacher Held occupational class from 9 until 11:30 and from 1:30 until 5. Instructed patients in arts and crafts and educational subjects. (See schedule.) Took charge of recreation two evenings a week and helped plan parties and entertainments. Chaperoned parties, etc.

Psychopathic Delinquent Women

CHART USED FOR DAILY NOTES

Name.....

Date	Daily Notes

Departments in Detail

CHART USED IN RECORDING TREATMENT AND MEDICATION

Name..... Date.....

Date	Time	Treatment & Medication	Nourishment	Urine	Dej.

CHAPTER V

OCCUPATIONAL AND EDUCATIONAL DEPARTMENT

Resources of Department. The occupational or industrial department of the hospital included in its courses basketry, weaving, plain sewing, embroidery, knitting, crocheting, stenciling, fancy work, painting, brass work and carpentry, all of which proved a decided help in stimulating interest. The women received the proceeds from the sale of the articles after the cost of material had been deducted. This increased their interest and made the department far more valuable as a constructive outlet for their energy than it otherwise would have been.

The occupational department was equipped and the work begun under the direction of Mrs. Eleanor Clarke Slagle, who is an authority on educational therapy and whom we were fortunate in securing to help launch our project. The equipment comprised three looms of various sizes and types, frames for knitting caps and for making cotton thread mats, paints, stencils, embroidery materials, cloth to be made into curtains and rugs, reed and the tools for basketry, a carpenter's bench and toolbox, and a few simple school necessities, such as books, a globe and a blackboard.

Difficulties Experienced by Teachers. The group as a whole was subject to the same explosive type of be-



OCCUPATIONAL ROOM.

Occupational and Educational Department

havior here as elsewhere and each teacher, however great her previous experience with patients in mental hospitals, came to the same conclusion, namely, that here was an entirely different problem from the one she had known and one which taxed her ingenuity to the utmost.

In this department especially, the different types of patients demonstrated in their work their various individualities. The kind of work preferred, the learning ability shown, their attitude toward the work, the other patients and the teacher, their æsthetic appreciation, their originality, their absent-mindedness, distractibility, variability, their wilful and malicious destructiveness and their lying and stealing, as well as the special abilities which they showed, were all indications of the types of personalities concerned. Many were able to learn to do one kind of work fairly well, but attempted no other. Some lacked accuracy and could never be trained to acquire it; some needed constant urging to accomplish any work and were unable to concentrate for any length of time. Some were variable, doing well one day and very poorly the next. Others were not adapted to work requiring manual skill and still others did any work whatever under protest. The following cases from the report of the occupational instructor will serve to illustrate this:

E. C. was very difficult to teach, but once having learned to do a thing, she never forgot it. She was disinclined to change her work, preferring to do the same thing over continually. She learned to make waste paper baskets well, but was unable to make any other type of basket satisfactorily. As she was a slow worker, she was kept busy filling orders for the kind of work that she could do. She was docile and willing, never disobedient and was usually cheerful and contented.

Psychopathic Delinquent Women

L. S. was noisy and troublesome nearly all the time and seriously objected to sewing or mending anything. She worked for some time on a dress for herself when the girls were making their own dresses but she lost her temper nearly every time she took it up. She learned to make fairly good reed baskets, but was always more interested in the prices that she was going to get for them than in doing good work. She would lose patience at any difficulty, throw the basket on the floor and exclaim: "There, take your damned old basket. I never want to see it again." She was extremely annoyed, however if the basket was finished by another pupil. She was usually in a quarrelsome mood, but sometimes would work amiably for a whole period.

Although this was always a difficult department to manage, it filled a distinct need and played an important part in the life of the hospital. In spite of many difficulties, progress was made and improvement noted in most instances, in interest shown, coöperativeness, attitude toward the work, in conduct, power of concentration, persistency, skill in special directions, originality and psycho-motor control.

Academic Work: Its Limitations. An educational class was held for the entire household from four o'clock until five. Although education in the main institution is unquestionably of great importance, it seemed to us of less importance with this particular group of psychopathic women than the occupational and outdoor interests. For this reason but an hour a day was devoted to it, except in the case of those girls who desired special help in some subject such as typewriting or stenography. It was difficult to teach these girls in a group, since they differed widely in the amount of schooling they had previously received, several of them being illiterate. It is, accordingly, difficult to judge just how much was

Occupational and Educational Department

accomplished. One patient was interested only in spelling, but was prone to select words with double meanings only. Some of the patients learned quickly, but were unable to retain what they had learned, and others showed no interest and made no effort to learn anything whatever. Two of the patients studied stenography and typewriting, in which they were aided by a member of the laboratory staff who generously devoted much time to them. While it was not expected that much could be accomplished through academic work during the girls' short residence in the hospital, still the studies were considered a means of arousing thought and stimulating interest.

CHAPTER VI

PHYSICAL TRAINING AND RECREATION

Resources Available. When the hospital was started a department of physical training was planned with as many resources as possible. Our intention was to correct postural deformities and static conditions as far as it was possible as we believed in this way individual efficiency would be increased. As many recreational resources as possible were provided, so that flagging interest might continually receive new stimuli. Among the possibilities offered were baseball, basket ball, volley ball, medicine ball, tether ball, croquet, tennis, archery, Indian clubs and dumb bells. There was folk dancing and social dancing, wood chopping, coasting and skating in the winter, gardening in the summer with the care of the lawn and driveway, and tramping all the year round.

Difficulties Encountered. It is interesting to see of what value these various resources proved. Our gymnastic teacher found it difficult to get sufficient coöperation to make most group games possible. If a few could be persuaded to take part, the others preferred to cheer and jeer from the side lines. Some quotations from the notebooks of this instructor will prove enlightening "Mollie refused to do exercises, saying she had to work

Physical Training and Recreation

but she wasn't obliged to exercise." "Due to the quarreling, etc., the plans for the afternoon had to be discontinued." "Carmella was hit by a ball, probably accidentally. She insisted, however, that it was intentional and a fight ensued. It was necessary to summon several nurses to separate and quiet the participants." The continual quarrelsomeness of the group usually interrupted any plan for group activity that was initiated and their emotional instability and the variety of their temperaments produced poor coördination of their emotions. There was little coöperation in efforts to correct postural and static conditions. That was all too stupid and irksome. Anything new that required patience demanded too great an effort to be worth while.

Activities That Proved Successful. Such games as tether ball and croquet were the most popular, since a limited number only could play. In this way the probability of quarrels resulting from competition among the various members of the group was avoided and the rest had a chance to sit idly by and watch. The one activity in which almost every one would join was walking, and each group was taken again and again over the same paths.

While the folk dances were a source of considerable interest, still, when the time came to give them at some entertainment, there was great diffidence. Social dancing, however, never failed to interest and with a victrola accompaniment was the source of more pleasure than perhaps any other activity of the hospital. Since it frequently led to much hilarity, uncontrollable abandon and general emotional excitement, it was necessary to super-

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vise it strictly and allow it as a special favor but two evenings a week.

Tactful Management of Group More Important Than Specialized Interests. It proved so difficult to do constructive group or individual work, that our gymnastic instructor spent much of her time interesting the patient in the more general outdoor occupations which needed no particular training to initiate or supervise. For this reason and since the tactful and firm management of the group seemed above all things of the greatest importance it was decided when it became necessary for the gymnastic teacher to leave, to intrust the group for its outdoor exercises to a matron who had had long experience with women of this type and who was generally a favorite among them. During her régime the walks were continued and the most successful of the originally planned activities, such as gardening, wood chopping, tether ball, croquet, etc. This matron reported that "nearly all of the girls enjoyed working in the garden and that a few became skilful, although some of them could not distinguish vegetables from weeds when they began the work." The variety of occupations—weeding, hoeing, gathering vegetables, watering the plants, mowing the lawn, etc., made it possible usually to find something not too distasteful for each girl to do. As was to be expected, however, they tired easily.

Recreation; Plays: Emotional Disturbance Following Production. The same teacher or matron who had charge of the physical activities also had charge of the entertainments. Several plays were given, but this type of entertainment was finally abandoned, as it was the

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cause of too much strain and was followed by an undesirable emotional reaction. One Thanksgiving Day the girls gave an Indian play. All of the costumes for it were made of burlap that had served packing purposes and were painted most effectively by the girls. Sheets dotted with autumn leaves were used for a background and large branches for side decorations. A tepee was also made from the burlap. The girls made long strings of beads for themselves from colored advertisements. It was after a play such as this that our greatest explosion came. While it was possible to ward off temporarily the frequent quarrels that were started during the preparation for the play, we were unable to avert the climax which resulted after the performance from repression of jealousy and postponement of revenge. Complete reparation was eventually demanded. Furthermore, such plays were a great strain for the "management" since the leading lady or gentleman usually "got a mad on" at a critical moment and became wholly unfit to take part. With our limited numbers it was not easy to procure a substitute at short notice. While such difficulties during the performance and a similar aftermath are to be found to some extent in any reformatory group, still the instability and incidental disturbance does not compare with that associated with such a concentrated psychopathic group. In spite of the difficulties encountered, one of the most profitable of reformatory interests is to be found in the production of plays and entertainments. These are of especial value for the interest that they arouse as well as for the concentration required and the team work that is encouraged. It should be borne in mind, how-

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ever, that in order that the equilibrium of the main group may be maintained during such performances and their preparation, certain girls who show marked anti-social and unstable conduct are not allowed to participate. A similar plan is followed in mental hospitals when patients are considered too disturbed either to take part in the entertainments or to attend them. It was the equivalent of this outlawed group, rather than the main one which has long since benefited by the operettas and plays which have been produced, that constituted our problem.

Successful Entertainment; Importance of Social Spirit. As a result of our experience it was found that the best results were obtained from simple parties requiring little preparation, in which the spirit displayed in entertaining the guests invited, was considered of primary importance. In this way, the superfluous energy of the group found a safe outlet and there was not the extreme reaction that followed the more elaborate forms of entertainment. Our guests sometimes remarked laughingly that they had never had so much courtesy shown them nor had they been so actively and regally entertained. Even though the attention shown them was somewhat overpowering, they were not unwilling victims and recognized the constructive power of such an expression of energy.

During the evenings, besides the diversion of dancing, various card games were played successfully by small groups, but general games in which the whole group joined were frequently interrupted by some one who cheated or in some other way started a disturbance.

In order to stimulate individual initiative, promote

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self-reliance and inculcate a spirit of coöperation, a club was organized. Though it is recognized by those who have had the most experience in self-government that a group such as ours can gain little, if anything, from such procedure, it was possible to organize a club that represented an effort to adapt to our own very variable group the idea of self-government, used to such good advantage in more reliable communities. The name chosen by the girls was "The Peacemakers' Club," the seemingly ironical title being the result of their own consciousness of their constant irritability and continual fighting. The attempt to organize this was the cause of much emotional unrest and called forth great opposition and resistance. Several individuals refused to attend each club meeting and others who came did their best to upset its equilibrium and exterminate it. Later on, however, the girls began to take a pride in the club and although it was not continued because it had a tendency to create circumstances which aroused the jealousies of these very susceptible individuals, it was perhaps an influence for good while the enthusiasm for it was new and it stimulated coöperation among the majority of its members before it ceased to be active. Later on, a system was evolved that was a combination of the campfire organization and a well-known credit system. However, neither of these plans was sufficient in itself to stimulate coördinated effort among the patients and any results obtained were too short-lived to be of much value.

Importance of Attempting to Socialize Individual Egotism. An important aim of the hospital already mentioned was to direct into impersonal channels the ego-

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centric interest of each woman, which is so pronounced in the infantile makeups of the majority of psychopathic patients. Christmas, for instance, was utilized in encouraging a spirit of altruism. Each girl contributed voluntarily from her earnings in the occupational class the large sum of thirty-five cents which furnished a very good Christmas for a poor family living in the neighborhood. The girls knitted caps for the four children of the family, a scarf for the mother, and a carriage rug for the baby. Gloves, hair ribbons, neckties and so forth were purchased and each member of the family was given a stocking filled with nuts and candy. Great interest was shown and an unusually good spirit resulted from directing their thoughts away from themselves. That Christmas was a great contrast to the preceding one, when they were tearful and homesick in spite of all that was done for them.

War Activities: The Patriotic League. Membership in the Red Cross. Another way of stimulating altruistic activity was in knitting for the sailors. While really a good deal was accomplished in this way, it was managed under great difficulties, for the interest of these patients could not be sustained for as long a period as could that of a more stable group. The work done, however, compared very favorably with that accomplished by the other reformatory girls. The girls also became members of the Patriotic League, but I fear their good intentions and efforts did not continue long after they had been initiated and had received their pins. Each girl joined the Red Cross, paying voluntarily the one dollar from her own earnings. All of these interests, though seemingly trivial,

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really showed a great improvement in the spirit of the group. This was the thing above all others for which we worked and which we felt was the most important factor in laying a foundation, in the majority of anti-social cases, for individual therapy.

Institutional Activities. There were visits to the Campus for services, concerts, moving pictures, etc. These were usually followed by unrest and dissatisfaction, however. The girls themselves realized that mingling with the others, except, perhaps, for chapel exercises, was undesirable. One girl even asked if it would not be possible for them to have services of their own, as she felt that it took her so long to recover from the excitement caused by associating with the other girls. Their own sense of inferiority undoubtedly played a part in this, since such a group was naturally looked upon by the main population as "a bunch of nuts," about whom they often did not hesitate to express their opinion. The more abnormal a girl is, the more she resents, naturally enough, any allusion to her abnormality. Furthermore, the members of the main group were none too stable and doubtless reveled in the feeling of superiority that resulted from being able to laugh at the more unstable ones.

CHAPTER VII

HOUSEKEEPING DEPARTMENT

Problem of Helpers. While the housekeeping department was to some extent a resource in furnishing activities for the patients, especially as their condition improved and they were able to undertake more responsibility, still it presented one of the hospital's real problems. In the ordinary hospital the principal work is done by paid helpers. This was impossible with us, first because of the fact that it was not safe to place persons who could not be held responsible in close association with our women, and, second, because of the expense involved which would have added unnecessarily to what was already an alarmingly high *per capita* cost. It is not always easy to find matrons who can be relied upon to keep doors locked to prevent escapes and to intercept uncensored communications with the outside world which might eventually lead to much trouble if not actually to escapes. We have always felt that if women are sent to reformatories and prisons because of the menace they are to society, society has a right to be protected from them. Prison officials should appreciate this responsibility and should consider an escape a serious matter. If then it is difficult to hold the higher type of persons, employed as matrons, responsible for such supervision, it is too much

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to expect of irresponsible maids who, at the present day, are only too often the only candidates for such work. For these reasons we were obliged to depend on reformatory girls.

It might seem a simple matter to have workers come from the reformatory by the day. Such an arrangement, however, would have been unsatisfactory for several reasons. First, it would have meant an increase in the gossip and exchange of information regarding the emotional and political life of the institution that was always upsetting to the equilibrium of our group, since it introduced a continual source of comparison between the two groups. They were much better off when treated as much as possible as separate entities. Furthermore, because of the different social and educational activities that are a part of any institutional life, it would have required practically the entire time of one person to chaperone the girls as they went back and forth to the various "campus" activities and recreations in their schedules.

While some girls could undoubtedly have been trusted to go back and forth alone, it was not always possible to obtain girls who could be depended upon to this extent because of the crying need for reliable workers in the main institution also. There were many times, too, in the snowstorms of winter when it was difficult to get from the hospital to the reformatory, at least until sufficient time had elapsed for the snow-plows to open the roads.

There was considerable difficulty in finding workers with sufficient endurance and skill to manage the laundry for the entire hospital. At times it was necessary to send

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it out, but this seemed an unwarranted expense except in times of emergency.

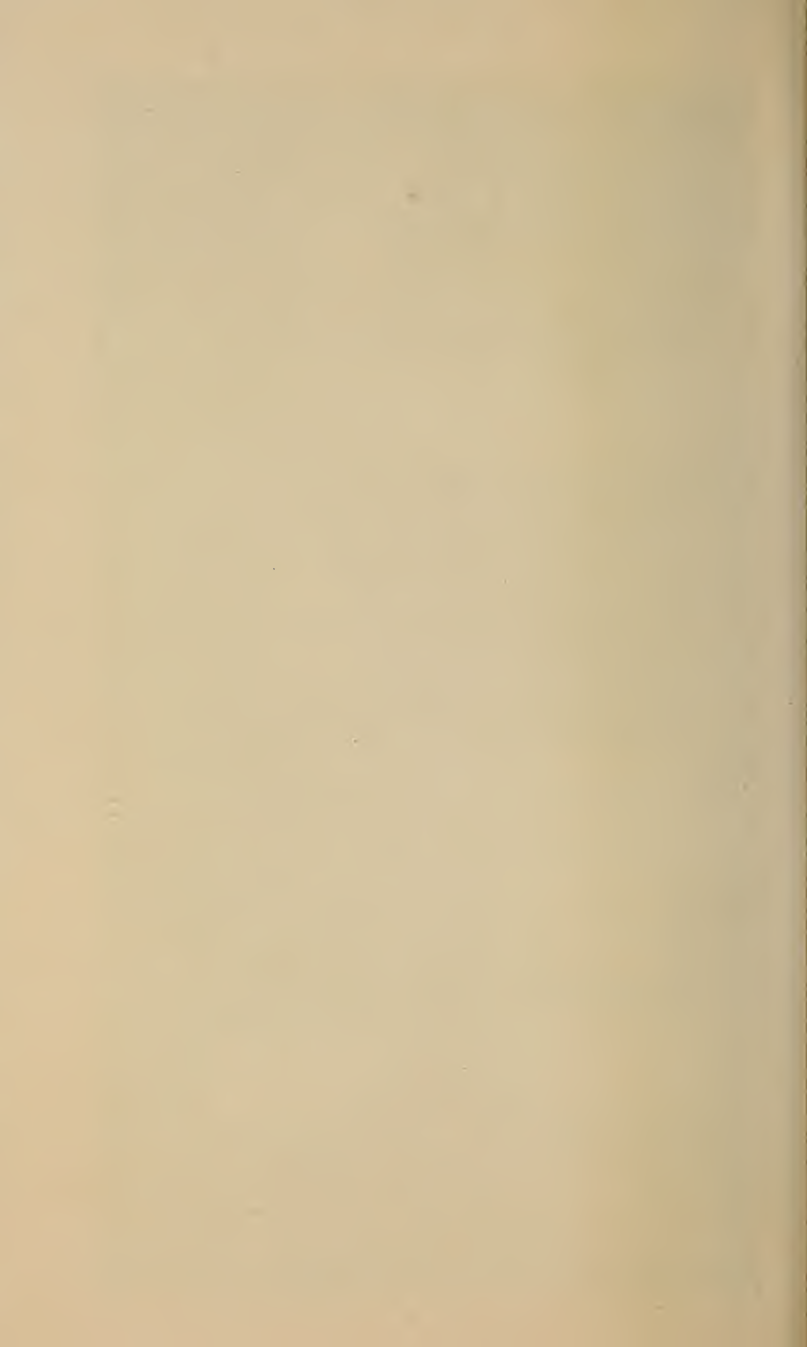
It was a source of regret that our hospital rooms, which represented such a high *per capita* cost, had to be used for workers; but this was unavoidable and our expectation was that gradually the patients would be able to undertake the housework. This was accomplished in part, since, when the hospital opened, six workers were employed and when it closed but three were employed, the remainder of the work being done by patients who had been promoted to positions requiring greater responsibility than they had been able previously to assume. It is usually true of reformatory girls that, because of constitutional inferiority, inadequate training and inefficient habits of work for long periods, they seldom attain even the standards of work that are required outside. For this reason a larger corps of the more stable reformatory girls was required than would have been needed for the same work outside the institution, and when the work was done by the patients the number required was even greater.

Whoever worked in the kitchen received instruction that should have proved of considerable help later on. One of our fastidious patients who became the "matron's cook" said she would not have given up the experience "for anything in the world," and considered it one of the most valuable she had ever had.

The greatest difficulty in the worker problem was the double standard of behavior that it was necessary to maintain. Few of our workers were sufficiently stable or responsible to reach their best level of efficiency with-



KITCHEN.



Housekeeping Department

out discipline of some kind. This necessitated their being held to standards that were quite beyond the attainment of the patients. Furthermore, during the first eight months of the hospital, when only methods of therapy were utilized with the patients, it was particularly difficult and often impossible to get some of the "workers" to work. Later on, when a more definite system was formulated for both patients and workers, the difficulty was lessened. When exceptions were made in the cases of the more unstable, the girls seemed to understand that such patients were not able to live up to a normal standard and they appreciated, too, the fact that the merely mischievous or malicious were not being permitted to "get away with it." The number of workers employed varied somewhat. The largest number at any one time was seven.

There were three girls employed in the kitchen, including a matrons' cook, a girls' cook, and a kitchen maid, three in the laundry, and one as waitress. When necessary, the patients were called upon to help. The remainder of the work of the hospital was done by the patients or by the nurses.

Problem of Food. The state supplied the food for the patients and for one matron, while the hospital fund supplied the staff and furnished additional nourishment to any girls needing it. The garden contributed to their menu.

The different menus for officers and girls caused considerable disturbance with these girls, who had been in the habit of having every thing that they could see. This difficulty was obviated in part by serving the meals

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for the staff a half hour later than the time at which the girls' meals were served. While this gave a much appreciated sense of freedom to the staff, who were entitled at least to that much relaxation during the day, it necessitated the serving of three sets of meals, for it was important for two nurses to remain on the corridors while the girls were in their rooms and the staff was at the table. In order that the food should not be served in sight of the girls, it was necessary for the two nurses thus employed to eat at a third table.

Housekeeping Department as a Resource in Treatment. The kitchen group often offered a stable environment in which a patient could work temporarily, especially when she was desirous of killing every one in the other hospital groups of which she had tired. Becoming one of the workers was considered a stepping stone toward being considered more normal and consequently toward returning to the institution. The fact that patients frequently became workers or assisted in the kitchen at some time shows the value of this department as a resource.

CHAPTER VIII

METHODS OF RECONSTRUCTION

Discipline vs. Punishment. The problem of management has constituted one of the most important controversies centering about the psychopathic delinquent women, and particularly that part in the management which discipline is thought to play. In the first place there is undoubtedly much difference of opinion regarding the meaning of the term "discipline." To some it denotes punishment, cruelty, handcuffs, straight jackets, and harsh and retributive treatment. To others it represents a means of increasing the standard of behavior of each individual, and of keeping him at his highest level of development by helping him to face situations and by making effort worth while. Does not an interpretation of discipline that represents a recognition of the law of cause and effect prove a necessary part of therapy and of most programs of reconstruction? It is important to understand, however, that the term "discipline" is not synonymous with punishment, for it is possible to have punishment without discipline as well as discipline without punishment.

Types of Discipline—Positive and Negative. In many reformatories and prisons there exists at the present time a definite system of punishment with deprivation of

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privileges, restricted rations, handcuffs and isolation (often without exercise or even cleansing facilities and without any hydrotherapy), for varying periods of time. These are the common methods used and there are, of course, innumerable variations and additions. This is the negative kind of discipline.

The positive includes the social impetus which the superintendent or warden is able to give to the group, the honor systems, the credit systems, modified self-government and the many other interests and incentives that should constitute the basis of any form of discipline.

In hospitals for the insane the equivalent of this, although administered under the term "treatment," includes hot and cold packs, restraint of various kinds which, although not in good repute, is in use in some of our best hospitals, isolation both with and without the locking of doors, withdrawal of the privileges of parole, of entertainments, etc., and, perhaps most important of all where psychopathic patients are concerned, the transfer to less desirable wards and particularly to the disturbed corridors. The sobering effect which this latter treatment has on psychopathic patients, because of the comparison involved and the corresponding desire that is stimulated to use what control they have, is often of great value in the treatment of such cases.

Failure of Reformatories with Psychopathic Types. The reformatories have not been particularly successful in their treatment of psychopathic women. It was because of this fact that our hospital was built. To have resorted simply to the reformatory discipline then in use would have constituted no experiment and would have

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resulted only in failure. There was a feeling, moreover, that therapy as used in hospitals for the insane had been more successful, although even there it had met with limited success. It was obvious, however, that the idea of authority, of discipline, of restraint and of punishment was the source of the greatest kind of antagonism among the anti-social types because of their actual inability, through habit and make-up, to live up to standards. Here, then, it was felt was indicated an opportunity for a valuable experiment. For, *prima facie*, one would say that treatment without force is preferable to treatment with it, and as such treatment had been done away with in the management of the insane, it was thought that perhaps the same thing could be accomplished in the case of the criminal. However, as far as we could learn, the experiment had never been tried of combining educational, therapeutic and social resources. It was decided, therefore, to lay a foundation with the attitude of therapy without unnecessary antagonism of authority and to add to that foundation as many resources as possible to stimulate initiative to aid in utilizing energy in advantageous ways, that we might lead, rather than push, our patients in the way we thought they should go. In order to accomplish this, every means possible was tried to build up a hospital spirit, a feeling of loyalty for our standards, a pride in a good group record and cottage reputation. Clubs, self-government, entertainments and various other interests were utilized. In order to try out every possibility, there was no locking of doors and the girls were treated as though they were in an ordinary hospital and at the same time mem-

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bers of a large family. Much individual attention was paid to each patient. Her coöperation was sought and her interest in the worth-while stimulated in every way possible. This experiment, which commenced when the hospital opened in October, 1916, was continued until the following May.

Standards of Conduct. During the entire period of the experiment, there was much unrest, which amounted at times to chaos, and there was a settling down to levels and standards that were far below the better possibilities of the majority of patients. Furthermore the standards maintained by some of the older women in the way of profanity and obscenity were of the greatest possible detriment to the younger and less sophisticated girls.

Restrictions Necessary. The experiment of not locking doors was of short duration. For even with our comparatively large staff, it was impossible to control undesirable visiting which, if it led to nothing worse, started quarrels and disturbances which were the source of continuous friction.

Occasionally when things became too chaotic, a single punishment was administered in the form of deprivation of privileges, isolation and sometimes limited fare, with the result, however, that the unusualness of the thing alone aroused revolt and indignation.

Treatment of Insane is Individual: That of Delinquent Psychopath Involves Group. Let us consider for a moment the difference between the problem in a hospital for the insane and that found among psychopathic women. In the first place, the excitements occurring in a mental hospital represent usually pathological mental

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conditions of single individuals which are a contrast to the individuals' norms of behavior before their illnesses began. Such excitements are in many cases but transient conditions, which under proper nursing subside, the patients again attaining their previous standards of mental health. Excitements among our patients on the other hand seldom represented an abnormal mental condition or a deviation from the normal behavior of the individual but rather the result of life-long reactions expressed in emotional explosions when any situations in the environment occurred to which it was difficult to adjust. That there had originally been an inferior power of adjustability, or an unstable nervous system which made the adjustment difficult, is quite possible. Such personalities had never developed along lines of maturity and responsibility. They were still utilizing childish, unconstructive and usually anti-authority mechanisms to gain their ends. It was the failure to accomplish what they wished that caused their explosions. Moreover, it was the instinct of gregariousness actively present among them that accentuated the expressions of individual traits, such as acquisitiveness, pugnacity, self-assertiveness, and flight, and made single explosions develop into group crises. This is the second important difference in the two situations. In the majority of cases it is not a question, therefore, of treating mental disease *per se*, but rather of utilizing the resources of mental treatment and psychiatric understanding together with social and educational resources to reconstruct their personality if possible and help them to reach the highest level of constructive efficiency of which they are capable. In order to do this,

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it is necessary to furnish them with temporary crutches for support until their fundamental inadequacy has been discovered and if possible corrected and their own bones and muscles have become strong enough to support them—in other words, until they develop the desire to grow up, to face situations and to abandon the infantile mechanisms on which they have learned to rely in order to gain their ends.

Advantages of a Large Mental Hospital. Granted that the two classes of patients present different problems, let us see what additional reasons there were for the limited success of a therapeutic and educational régime without recourse to the discipline of the type which we have termed “negative.”

In the first place, all the resources that are available for such patients as ours when they are treated in mental hospitals were not available for us in our hospital. There was no disturbed ward to which they might be demoted, where they might be stimulated to exert what control they possessed when they saw the disturbed types about them. More than once a girl has said, referring to such an experience, “Gee, that brought me to my senses. I didn’t want to come to that. Oh, that place is horrible!” The sense of inferiority which she had felt when placed with girls having greater power of control than she, was replaced by one of superiority when she compared herself with the truly disturbed cases. A similar condition results when a feeble-minded child is kept in a group of normal children where she has a feeling of inferiority. Placing her among those of her own grade often has a beneficial effect.



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There was not even an alternate ward in our family group. If one girl decided to kill another, she had to be sequestered in the isolation room until she changed her mind. When she was taken out for exercise and was obliged to pass near the other girl's room, that girl's door had to be locked.

Comparison with Neighboring Cottages. There was, besides, a tremendous let-down for patients when they came from the reception building where strict reformatory standards were enforced to one in which there was more freedom, fewer restrictions, and much more opportunity for individual initiative and where they knew that no penalties were held over them for offenses committed. The freedom was at once converted into license and not only did the hospital atmosphere suffer, but the patients used every opportunity to show off before the adjoining cottage, thereby causing much unrest and dissatisfaction there.

Similarity of Reconstruction Periods. Only those who took part in the excitements which at the time were daily occurrences and who struggled physically with the women, as we did, to prevent them from doing injury to themselves and to other inmates and officers, will appreciate the spirit of abandon that prevailed in the hospital when patients were taken from a fairly strict régime and placed in an atmosphere in which they felt that no accountability was required for their actions. The condition that resulted had much in common with the reconstruction period in the South after the Civil War, and that which has existed in many countries after our recent war, when the peoples who had been oppressed con-

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verted their newly won freedom into license. Loud singing, and shouting from a window or from the playground to friends in the cottage where order was maintained was the source of much satisfaction because of a realization of the disconcerting effect. Furthermore, the routine of our cottage was not infrequently upset by refusals to do any work whatever on the part of some of the patients, just for the joy of "starting something." There seemed to be a great temptation to follow the well-known behavior of Adler's neurotic child who attempts to counteract his feeling of inferiority and increase his sense of power through belittling his parents' power of authority. The fact that these children had adult desires together with criminal experience but magnified the intensity of their anti-authority possibilities.

Types with Which Discipline is Especially Necessary. There were certain types, moreover, that did particularly badly under our régime. These were usually difficult personalities who were unstable emotionally and who deliberately attempted to express their power in childishly advantageous ways. Not only did such cases sink to a low level of inefficiency, but they dragged the more pathological types down with them. There was one girl in particular who was a pathological liar and had strong histrionic tendencies. She was somewhat limited intellectually and showed evidence of a polyglandular condition in which hypothyroidism and dyspituitarism were prominent. She became very angry when she learned that the social worker had visited her home, believing that the worker had learned that her tales were not true and that her family had been told of more of her mis-

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demeanors. She demanded the social worker's life! With much eloquence she described in detail how the streets of Bedford would run with blood when once she got at her. Did she intend to work or do anything asked of her? Not she! Persuasion, commands, were of no avail. She was not disturbed emotionally, but was rather allowing herself to gloat over the power she was wielding in disrupting the hospital routine. A pack might have been used, but it would have required much strength, as the patient was ugly; furthermore, since her upset was fundamentally social rather than mental, she needed time to cool off away from the stage which was so tempting to her. She soon had the entire hospital sitting on the stairs on strike and the really unstable patients were becoming much excited in consequence of her behavior, while the young lady herself was reveling in the chaos she had caused. The only available thing at the time seemed to be to remove her from the group. This was done, but can hardly be called a solution of her management.

At times it certainly was chaos! Not worse, perhaps, than the chaos in a disciplinary building where similar types are segregated, and quite a different chaos from the one found in a disturbed mental ward; but still it was a continuous strain for both staff and patients, who never knew what the next few hours held for them, although they were sure it would hold not one but many aborted as well as fully developed episodes of excitement. The number of difficulties that could arise within a single half hour would seem incredible to those who have not seen such an experiment tried. In order to demonstrate

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the type of situations that were frequently arising, there has been described, elsewhere,¹ a day at the psychopathic hospital. The strain was indeed greater than any staff could be expected to stand and even the nurses who were noted for their splendid management of disturbed patients in mental hospitals, were completely foiled and the bravest were seen to quail and turn white at situations that arose. It might seem as though the mental hospital that handles such cases must be able to appreciate the situation but in these hospitals there is not the combination of the borderline cases with the simply vicious, uninhibited but coldly calculating type which in reformatories incites the former to action or, in turn, is incited by them.

Not only was there general unrest in the hospital atmosphere, but it was impossible to get the best use out of the facilities offered. "I will do things only when I know I have to," said one girl. There was in our program no way available of producing sufficient force to accomplish this. Hence, there were few in the occupational classes and few having the exercise that was provided. The employment of such a highly trained staff as ours seemed hardly justified. Not only were the classes inadequately attended, but there was great difficulty in giving patients their necessary treatments. Far more energy was wasted in carrying on a simple clinic for venereal disease than was warranted. In this situation, also, it was often the too playful attitude as well

¹ Spaulding, Edith R.: The Problem of a Psychopathic Hospital Connected with a Reformatory Institution, *Medical Record*, May 14, 1921.

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as the antagonistic one that dominated the situation, instead of the mentally pathological one. (See "Problem of a Psychopathic Hospital.")

Need of Disciplinary System. Feeling that the above experiment had been given as long a trial as we were justified in permitting, it was decided in May, 1917, to have a disciplinary officer who was definitely labelled as such. To her, each dispute was referred which other officers could not settle or manage, and she, after consultation with the physician, would carry out whatever treatment had been determined upon, provided the situation did not present one of nursing alone. In that event it was handled by the nursing staff. It is not easy suddenly to enforce restrictions where there has been great freedom. It is much simpler to dispense many privileges, where there have been few. Those who have gone into a fairly strict reformatory régime and have granted unaccustomed favors have met with a very different situation from the one sometimes experienced, when every privilege has been allowed regardless of deserts, and license has resulted.

Successful discipline, even of the negative type, depends wholly on the proper approach and on the method used. In the first place, it must be a part of the therapy. This is the *sine qua non* of success. Each time that punishment is imposed the patient must realize that it is a part of a process of reëducation from which she is to benefit. Furthermore, the subject must not be dropped until she gets this idea. There is nothing more demoralizing than the attitude of retribution, and unless the idea of punishment can be conveyed in the proper way

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to the patient, it causes retrogression rather than progress. To accomplish this, however, many hours of patient discussion are required and a technique in tactful management that not every person can acquire. Briefly stated, it means insistence on the patient's facing situations voluntarily. As most of these women have spent their lives in avoiding situations or in running away from them, it is often a Herculean task. It is because of years of undesirable habits of living that no amount of persuasion can bring the individual to her highest level, in many cases, without some element of force.

Disciplinary Matron. We were very fortunate in having available as disciplinarian a matron who had had experience for many years with the most difficult of the psychopathic delinquents. She understood the many steps that were necessary to change the belligerent mood. She had patience and understanding and would work for hours at a time enforcing little by little some of the fundamental principles of mental hygiene. The girls almost universally liked her and had confidence in her fairness.¹

¹ A News Letter circulated recently by a sub-committee of the National Committee on Prisons and Prison Labor contains an excellent discussion of discipline and its constructive application. The work of a successful disciplinarian is described as follows: "When a girl has a 'brain storm' the disciplinarian first gets rid of the 'audience' and then she talks with the girl (sometimes it takes a long time and a great deal of patience), until the girl commits herself to the 'thinking room.' We believe that the psychology of this latter method is defensible and sound. The only successful general scheme for handling the disciplinary problem in any institution lies in building up the morale by developing a group sense of responsibility and by submitting incentives for the oldtime coercive and repressive measures. The incentives suggested include religious exercises, a modified self-government, a credit system, work adapted to the capabilities of the individual, wage, good food attractively served, physical culture clubs, campfire girls, etc., a paper, music, and contact with

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Principles Involved in Management. When a system of discipline had once been established, a more stable foundation on which to build was created. With this foundation it was always possible to make exception in the cases needing it.

The crux of the situation was the judgment required in deciding the individual treatment for each case. This final judgment will always vary somewhat with the individual in charge, just as it does in mental hospitals where different physicians vary in their treatment of an individual psychopath who commits anti-social acts; just as it does in reformatories under different administrations; and just as it does in society when various authorities suggest the treatment that should be meted out to a delinquent nation. Furthermore, there will be as much variation in dealing with ten psychopathic women, even with the same individual planning the treatments, as is universally accepted as a need in the treatment of any ten children. However, with this variation certain principles hold true, which may be expressed as follows:

Any pathological, mental or physical conditions must always be kept in mind. Situations should be faced and the episodes that arise should be interpreted to explain

the community outside the institution." All of the suggestions are excellent ones and without exception were included in our régime.

Later on in the letter, however, it is suggested that the complexity of disciplinary problems in institutions at the present time is complicated by the presence there of the psychopathic and the neurotic who under ideal conditions should be sent directly from the court to the hospital. Here, of course, is the difficulty for it was for just those patients who do not respond to incentive measures alone that our experiment was planned. Where is there a hospital at the present time in which such a group can be housed together and which is equipped and able to follow in a constructive way individual plans of reëducation and social reconstruction?

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fundamental needs in the patient's personality. Individual interests should be studied and a sufficient number of worth-while emotional outlets furnished. An attempt should be made to establish a balance in traits of character that would tend toward the production of greater maturity and altruism and to cultivate a sense of obligation and responsibility that constitutes such an important need in the lives of these women.

Perhaps the most important factor is the vehicle of sympathy and interest that encourages the girl's energy away from its destructive channels and transforms it into a feeling of affection for the disciplinarian as well as of loyalty toward the hospital. This does not signify that any situation is met directly because of the affection felt, but, rather, that it is met indirectly because of the lessening of the tension of their resistance and the freeing of the pent-up emotions.

Administered from this point of view, discipline, and even that part of it that is represented by punishment, will be free from the idea of retribution which in itself is responsible for so much antagonism; and such a system will be a means towards establishing an atmosphere in which unstable individuals not only may exist but also may make some progress. Establishing this system enables one to deal with patients who will do well under a reformatory régime but who would do so badly in the hospital without this additional asset that it would hardly be possible to keep them there, a fact that would limit greatly the possibilities of the treatment which we have always maintained should be primarily for all cases exhibiting problematic behavior in general rather than

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merely for those showing the commonly recognized symptoms of mental disease.

Improvement in Hospital Morale. After the preliminary struggle to have it accepted, the effect of introducing such a system as we have described was favorable. Not that it will ever be possible to eliminate individual or group explosions among these women who are capable of flaring up in a moment's time in any environment, no matter how much it may be controlled. The explosions, however, were reduced to a minimum and, as has already been said, there was less need of packs. The greatest achievement of the system, however, was to produce an uncomplicated atmosphere in which all the patients could live, the equivalent of the simplest common denominator, and in which, as their capacity for meeting it increased, the situations could be made, or allowed to become, increasingly complex. Such a stabilizing of their environment should produce a feeling similar to the relief experienced in military life when men who had been holding positions of responsibility elsewhere were freed from the necessity of taking initiative and of making decisions.

With the new régime the classes were much better attended, the patients exercised regularly, the treatments were dispatched in half the time previously required, there was much less illness, real and imagined, and it was possible for both patients and staff occasionally to draw a long breath, which was, indeed, a relief to every one. Furthermore, the whole language level of the hospital improved regarding swearing, obscenity, and general quarrelsomeness. There is certainly no advantage in cultivating as everyday emotional conversation the ob-

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scene and sordid language which these girls resort to if left to their own devices.

Danger of Retributive Attitude. Discipline of a retributive character alone naturally enough results only in bitterness and in an increase of an already well-developed antagonistic attitude. It is this effect that has been justly criticized by psychiatrists who have studied its effects. This is not proof, however, that there is no good to be derived from the same system wisely administered. It is rather a plea for a larger and better equipped staff of workers in our reformatories that there may be more individual attention and modified mental analysis in conjunction with the discipline.

The isolation room or "cell," as it was sometimes called, served the many purposes that have already been mentioned and although it was later used for disciplinary purposes, it was still available for patients asking for its seclusion. When the demand for it was made, as it sometimes was, as an expression of a desire for self-sacrifice, it was considered a type of masochism that it was not wise to indulge. While the plumbing facilities were an asset, they at times became a source of anxiety, as, for instance, when the attempt was made one warm summer day to flood the room. Fortunately it was discovered that the water could be temporarily disconnected in the basement. The walls were also a source of much interest and were decorated frequently, when the room was being cleaned, with pictures cut from magazines. Oftentimes the same girl who put up the decorations tore them down with much fury when she became the room's occupant soon after.



ISOLATION ROOM.

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Permissible Types of Discipline. It may be well to discuss in detail the type of discipline we considered permissible.

(1) The wet pack met all requirements when there was violence and the straight jacket or camisole was never used.

(2) Isolation was considered invaluable, provided there was daily bathing and exercise. The important point in this, however, was getting the patient to a point where she felt a desire for adjustment which implied a cessation of her antagonism with authority. There is here a psychological moment to be recognized and it is as disastrous to take a patient out of isolation a day too early as it is to allow her to remain until after her ambition to do better has abated.

(3) A restricted diet is, we believe, wholly permissible if controlled by the physician, and it was the one way in certain primitive types in which it was possible to establish even a semblance of responsibility.

(4) The deprivation of privileges over a definite period is, of course, an easy resource and the very length of its duration has value in cultivating inhibitions toward the commitment of asocial acts.

Minimum of Restraint Desirable. The important point in making a program in which there is an element of force and even repression of a certain type, is to have only such restraint as is necessary to make a constructive program accepted as a matter of course and without causing unnecessary antagonism. This must be based upon an estimate of the patients' stability and their competency in general, as well as upon their ability to live up

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to the daily program made for them. The atmosphere of some reformatories may be criticized as expressing too much repression, of others as expressing too much license. It takes a wise superintendent to gage individual capacities and give freedom only to the point where it can be used constructively, limiting it when it becomes abandon and when it interferes with the highest standard of efficiency and of social behavior that is possible.

Need of Better Understanding of These Women. There is a fundamental need of better understanding of problematic women. It is necessary to get behind their reactions and study their motives. These women were making an effort to gain power through the misdirected energy of their instinctive lives. Such expression is in most instances but a vicarious outlet through which they seek to compensate for failure to utilize the same energy in what was to them a more difficult way. Such sources must be ferreted out and the types of personality behind them recognized. The explosions represent maladjustments which the women must be educated to correct, for they are usually reactions of a childish level and are utilized to gain ends in what appear to be directions of least resistance. Because of their childishness they respond to childish treatment and must learn to assume responsibility gradually. If too much is given them at one time, chaos results.

Need of Facing Situations. One of the points that was emphasized in our work with the patients was the need of facing situations. This became such a familiar homily that one day, when the hospital dog was being urged to do something that was apparently disagreeable

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to her, one of the girls remarked, "Face it, Tess, face it. You might just as well do it now; you will have to sooner or later."

In passing, it might be mentioned that the same hospital dog proved a valuable resource in time of need. She furnished an object on which affection, which was not being utilized in other ways, could be lavished, and the occupation of giving her a bath was infinitely preferable, as far as we were concerned, to a fight between two deadly antagonists.

Dangers to be Avoided. It is of the greatest importance to add that while punishment, even labeled as such, may serve to bring a realization of childishness to certain types of immaturity, in borderline mental states it may be extremely dangerous. An example of this was seen in the case of a patient who had been in the hospital since its early days and had seen its various struggles. She watched the new adjustment under discipline with interest, but always felt the superiority of the oldest inhabitant and perhaps also of one of the most unstable of our patients. Finally some assaultive behavior occurred, accompanied apparently by the feeling that she could accomplish this in the face of a disciplinary system and still avoid, because of her instability, the consequences that would have followed similar behavior in the case of others. As an experiment, the same treatment that she had had previously was repeated, but was labeled punishment. This was more than her pride could bear and she became decidedly worse. At that time, however, when she was much disturbed, she said, "If you had started discipline a good many months

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sooner, some of these poor girls who have been sent away to hospitals for the insane never would have to have gone." The idea of punishment was so distressing to this unstable person who had never been able to face situations, that it was the final factor in precipitating a manic attack on account of which she had to be transferred temporarily to a mental hospital. This will illustrate the dangerous part that discipline may play and the great judgment that is necessary in its use.

It may be well to mention here another patient who was spared the humiliation of punishment during most of the period of her stay in the hospital. When discipline was utilized she did well, but for certain reasons she was not included in the new routine, with the result that the strain was almost unbearable in her immediate vicinity and more than once because of her, a nurse or matron decided to leave. When she was obliged to accept the discipline of the main institution later on, she gave a perfect record for an entire year, which may be interpreted as evidence that we might have been spared much unnecessary distress had she been included, while with us, continuously in our disciplinary scheme.

It needs a special faculty to weigh the situations that are arising constantly, to make the adjustments that are continually necessary and to have the patience and determination to carry them through successfully. Only those who deal with such women will understand fully the result of letting trivial things go. While many mental patients right themselves the day following the pathological storm, it is not so with these. A young woman who had previously worked in a psychopathic

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hospital said to one of the reformatory matrons, "How silly it is for you to put that girl in her room for saying 'damn.' Any of us might have said the same thing." "True enough," said the matron, "but if she says 'damn' to-day and nothing is done about it, to-morrow she will say 'God damn' and the next day it will be even worse." It is this point which we have found difficult to make clear in our situation.

Summary. To summarize, then, therapy must include discipline which, if necessary, shall have positive and negative aspects. The patients must be pulled along with all the interests and incentives that make up the positive side. When this means is insufficient, to effect progress there must be another force available with which to push, namely, the negative side. The girls' attitude towards this system is comparable to that felt by the child for the parent whose authority and fairness he respects. There is nothing that is so upsetting to them as seeing another girl "getting away with something." Hence, recognized impartiality and fair treatment are much appreciated. It is often possible for those who quarrel the most with authority to appreciate it when they feel its justice.

CHAPTER IX

CLASSIFICATION OF CASES STUDIED

Diagnosis. Following are the diagnoses of the various cases studied in the hospital, which are described in greater detail in Part II:

DIAGNOSES OF PATIENTS

	<i>No. of Cases</i>
Chorea. Cases 28 and 35.....	2
Drug psychosis with psychopathic personality. Case 14.....	1
Epilepsy with psychopathic personality. Case 21.....	1
Epilepsy with mental defect. Case 11.....	1
Feeble-mindedness. Cases 33 and 36.....	2
General paresis. Case 27.....	1
Manic-depressive psychosis. Case 4.....	1
Neurosyphilis with psychopathic personality. Case 9.....	1
Normal. Case 32.....	1
Psychopathic personality. Cases 10, 17, 19, 31, 37, 40, 41, 43.....	8
Psychopathic personality with alcoholic deterioration. Case 23..	1
Psychopathic personality with episodes of excitement (mental defect). Cases 5 and 39.....	2
Psychopathic personality with episodes of excitement and paranoid trend. Case 38.....	1
Psychopathic personality with manic-depressive constitution. Cases 20 and 34.....	2
Psychopathic personality with paranoid trend. Case 26.....	1
Psychopathic personality and pathological liar. Cases 16 and 30	2
Psychopathic personality and pathological liar with mental defect. Case 42.....	1
Psychopathic personality with unclassified depression. Case 13..	1
Schizophrenia. Case 6.....	1
Schizophrenic reaction type. Case 22.....	1
Torticollis. Case 44.....	1
Total	35

Classification of Cases Studied

DIAGNOSES OF WORKERS

	No. of Cases
Borderline (Intelligence). Cases 7, 12 and 15.....	3
Dull normal. Cases 3 and 29.....	2
Epilepsy with mental defect. Case 2.....	1
Moron. Cases 1, 8, 24 and 25.....	4
Normal. Case 18.....	1
Total	11

Comparison with Other Neurotic and Psychotic Groups. It may be of interest to compare this group of delinquent women with non-delinquent groups showing either similar nervous conditions such as chorea, tic, torticollis and cerebrospinal lues or those showing clear-cut psychoneuroses and psychoses.

The first fact of importance with which one is confronted is that, almost without exception no matter what neurotic or psychotic symptoms are present, they are outweighed by the social aspect of the situation. One meets cases outside reformatories with similar nervous and mental symptoms, which, although their lives may show many social maladjustments and inferior uses of energy, lack the intense antisocial manner, the defiance of authority, the suspicion and attitude of defense, and the susceptibility to group hatred seen in these cases. While such an attitude may be thought to be the result of their association with our penal system, it was found in most instances to have antedated their first arrest. Because of the predominance of these traits we have not so much a problem of nervous and mental disease as one of social disease and, furthermore, one that up to the present time has received no adequate classification.

A second difference lies in the absence, in the major-

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ity of cases, of any clear cut mental picture corresponding to the accepted classifications of mental disease entities. For instance, the woman who always blames others for what has happened to her (see case No. 26, Rosie S.), who bitterly hates all authority, will assault anyone who stands in her way. She is suspicious in the extreme, has ideas of reference and says she is persecuted—but at the same time, has insight and realizes that through her behavior she is defending herself from blame and trying to escape the consequences of what she has done. Her delusions are not systematized and she cannot be classed as a case of paranoia, in spite of her paranoid trend and assaultive conduct.

Case No. 22 (Fannie L.) shows a seclusive make-up, transitory hallucinations, inadequate emotional reactions, and some negativism, periods of depression and excitement, and transient states of anxiety with well-defined phobias. However, this woman, when last seen, was doing well in the community, in spite of the fact that the symptoms, displayed at the time she was transferred to a mental hospital, suggested dementia præcox.

Another case, which had had alternating periods of elation and depression for many months, showed so many of the characteristics of hysteria that for a long time the diagnosis of a manic-depressive psychosis was excluded.

Cases may show the same individual mechanisms which are seen in mental disease, but will present an entirely different picture from the one that should correspond. For instance, such women not infrequently use the excreta as weapons of defense. While this might

Classification of Cases Studied

be interpreted as an archaic regression in a case of dementia præcox, in our cases the patient was fully aware of its social significance and delighted in the compensatory sense of power which such a method of defense gave her, in no way presenting the rest of the mental picture which might be found in the psychosis.

While the reactions of certain mental types may be considered regressive, compensatory or defense mechanisms, some of the reactions of our patients may belong to all three classes at once, no particular type seeming to predominate. The conditions found may be considered oftentimes to present, in greatly exaggerated form, every day reactions, without the "splitting" or other line of demarcation which occurs in cases considered insane from a legal standpoint.

It should be remembered also that in the majority of cases there has been no special change in the personality, no regression to an earlier level, but rather a retardation in the development of personality, a fixation at an infantile level, a failure ever to have steered a socialized course away from childish egotisms. One wonders what the factors have been, in many cases that come so near the border line, which have prevented the border line from being passed and the completed picture of mental disease from appearing. Can it be the overwhelming love of the game of life at the childish level at which they insist on playing? They do not wish to escape that aspect of reality. It is merely the reality of restraint and the consequences which the law inflicts that they would avoid. Hence, their increase in symptoms when in institutions and their comparative freedom from ner-

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vousness when they are following the life they love, whatever it may be. They frequently say, "I was not nervous like this when I was outside." The hope that they will yet be able to throw off the restraint and return to "Broadway" or its equivalent keeps them still interested in the game of life.

Because of the irregularity of the symptoms found, the fairest diagnosis in many cases seems to be that of "psychopathic personality with psychotic episodes." Such a diagnosis, however, is wholly inadequate to express the special type of antisocial condition found in each case or the problems involved.

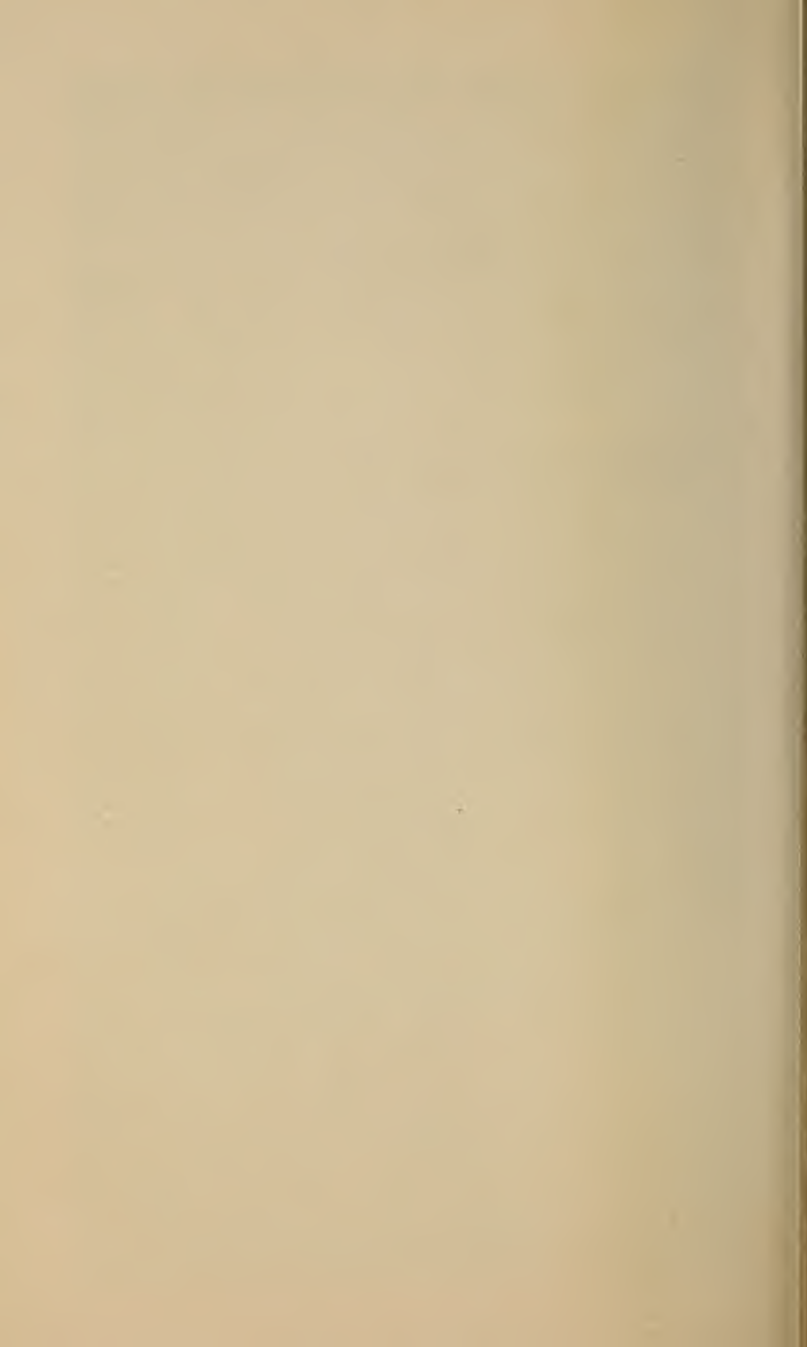
Importance of Personality Make-up. The logical approach to such cases as these which fit with difficulty into any mental category and which present such obvious problems of social adjustment, is through personality make-up. It is only by this means that we can really estimate the completeness or the incompleteness of the composite pattern of the individual. White¹ in his "Foundations of Psychiatry" has emphasized the importance of this approach in describing the philosophy of the psychobiological study of the organism. No better laboratory could be found for the study of traits of personality since they appear in the daily reactions of these extreme types in an exaggerated and, therefore, greatly clarified form. This has seemed to us of primary importance for so many years, that we have long since made use of the Hoch-Amsden Guide² in the study of

¹ White, Wm. A.: Foundations of Psychiatry. Nervous and Mental Disease Monograph Series, No. 32.

² Hoch, August and Amsden, George S.: A Guide to the Descriptive Study of the Personality, State Hospital Bulletin, Nov., 1913.



OPERATING ROOM.



Classification of Cases Studied

our delinquent cases so that the personality make-up might be studied in as great detail as possible.

*Charts Used in the Study of Traits.*¹ Recognizing that the estimates of various members of the staff would be invaluable in obtaining a composite picture of the impression the women made, the appended charts were devised which represent the judgment of five different persons who were associated with the patients, namely, nurses, teachers, and a matron. While these reports are of great value in estimating the personality make-up as far as separate traits are concerned, they are not intended to throw light on the more complicated mechanisms to be found in each patient. It was possible, however, in this way, to make a permanent record of traits in graphic form which could be utilized by a stranger in the estimate of personality in somewhat the same way that the Binet-Simon test is used in the estimate of intelligence.

These charts were based on studies of personality made at the Laboratory by Dr. Buford Johnson and myself.

¹ Spaulding, Edith R.: Rôle of Personality Development in the Reconstruction of the Delinquent. *Journal of Abnormal and Social Psychology*, Vol. XVI, Nos. 2 and 3, June-September, 1921.

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CHART FOR RECORDING

TRAITS OF PERSONALITY

as observed during residence in Institution

Date—October 1, 1921

Age—25

Name—Marion C.

Civil condition—Single

Birthplace—Brooklyn, New York

Race—White

Nationality—American

Locality lived in—New York

Occupation—Factory worker

Examiners

Position held

A. Miss J.

Nurse

B. Miss R.

Nurse

C. Miss T.

Matron

D. Miss F.

Teacher

E. Miss H.

Matron

KEY TO CHART

++ Trait present in marked degree

+ Trait present in moderate degree

± Trait present but a negligible quantity

- Absence of trait is somewhat noticeable

= Absence of trait is very conspicuous

? Decision doubtful

○ No decision

— Variability; more frequent manifestation of trait above line
and less frequent below

* See special note

Classification of Cases Studied

Study of Personality

I. INTELLIGENCE as shown in	J	R	T	F	H	TRAITS (Continued)	J	R	T	F	H
1 Aesthetic appreciation	+	+	+	+	+	35 Overactive	++	+	+	++	++
2 Definiteness of purpose	O	+	-	+	+	36 Underactive	-	?	-	-	-
3 Ethical judgment	-	=	-	*	+	37 Irregularity	+	?	-	-	+
4 Imagination	+	+	+	+	+	38 Timid	-	=	+	-	-
5 Judgment	-	=	-	-	-	39 Daring	+	++	+	+	+
6 Language ability	++	++	++	++	++	40 Taciturn	+	-	-	-	-
7 Learning ability	++	++	++	++	++	41 Loquacious	+	++	+	++	+
8 Memory	O	+	+	+	+	42 Social	+	++	+	++	++
9 Mental agility	+	+	-	+	+	43 Unsocial	-	=	-	=	=
10 Motor coordination	+	+	+	+	-	44 Independent	+	++	+	++	++
11 Originality	+	+	-	-	-	45 Dependent	-	-	-	-	-
12 Planfulness	*	+	+	+	+	IV. TYPE					
13 Reasoning ability	-	+	+	+	+						
14 Suggestibility	+	+	+	+	-						
II. WORK RECORD						1 Childish	+	++	+	++	++
						2 Adolescent	-	-	-	-	-
						3 Adult	-	-	-	-	-
1 Absent-minded	O	-	-	-	-	4 Follower	-	+	-	+	+
2 Accurate	+	+	+	+	+	5 Leader	+	-	+	+	-
3 Automatic	-	-	+	-	-	V. ATTITUDE					
4 Clumsy	++	-	-	-	-						
5 Deliberate	-	-	-	-	*	1 Changeable	+	++	+	++	++
6 Distractible	O	++	+	+	+	2 Conscientious	=	=	-	-	-
7 Having endurance	+	+	-	-	+	3 Cooperative	-	-	+	+	+
8 Learning by experience	-	-	+	++	+	4 Easily discouraged	+	-	+	+	++
9 Persistent	*	+	+	++	++	5 Responsive	-	+	+	+	+
10 Having concentration	+	+	+	+	+	6 Self-assertive	+	++	-	+	++
11 Responding to stimulation	+	+	++	+	+	7 Self-deprecative	-	-	-	-	-
12 Showing effort	-	+	+	+	+	8 Showing interest in					
13 Skillful	+	+	+	+	+	a. Emotional things	++	+	++	++	+
14 Needing stimulation	-	++	+	+	+	b. Intellectual things	+	+	-	+	+
15 Variable	++	+	+	++	+	c. Mechanical things	+	+	+	-	-
III. TRAITS						9 Suspicious	+	-	+	+	++
						VI. MANNER					
1 Adaptable	-	-	+	+	+						
2 Ambitious	-	+	+	+	+	1 Affected	+	++	-	+	+
3 Cleanly	+	++	+	++	++	2 Aggressive	+	++	+	++	+
4 Confidential	±	+	+	+	+	3 Apathetic	-	±	-	-	-
5 Consistent	-	-	-	-	-	4 Assaultive	+	++	+	++	+
6 Dishonest (Stealing)	+	+	±	±	±	5 Boastful	+	+	±	+	+
7 Easily offended	+	++	+	++	+	6 Bodily attitude					
8 Egocentric	+	++	+	+	+	a. Awkward	-	-	-	-	-
9 Exhibitionistic	-	-	-	-	-	b. Graceful	+	+	+	+	+
10 Fault-finding	+	++	+	++	+	c. Dignified	-	+	+	+	+
11 Generous	+	±	+	-	-	d. Showing abandon	-	+	+	+	+
12 Hypochondriacal	-	-	-	-	-	7 Combative	+	++	+	++	++
13 Impulsive	+	++	+	++	++	8 Debauch	+	+	+	++	++
14 Introspective	-	-	-	-	-	9 Demonstrative	+	-	-	++	++
15 Jealous	+	++	+	++	+	10 Enthusiastic	++	+	+	+	+
16 Kindhearted	+	+	+	-	+	11 Flippant	+	++	+	+	+
17 Melodramatic	+	++	+	+	++	12 Forceful	+	++	+	+	+
18 Neat	±	+	±	±	-	13 Frank	-	-	+	+	+
19 Obscene	-	-	-	-	-	14 Having mannerisms	-	+	-	+	+
20 Opinionated	+	+	+	++	++	15 Ingratiating	+	+	+	+	+
21 Optimistic	-	-	+	+	+	16 Irritable	+	+	+	+	+
22 Profane	+	-	±	+	+	17 Loud voiced	+	++	++	++	++
23 Resourceful	+	+	±	+	+	18 Patient	-	-	-	-	-
24 Seclusive	-	-	-	-	-	19 Petulant	++	+	++	++	++
25 Having sense of humor	+	+	++	++	++	20 Pleasant	+	+	+	+	+
26 Sensitive	-	++	+	+	+	21 Having poise	-	±	-	±	±
27 Self-justifying	+	++	+	++	++	22 Sarcastic	-	++	-	+	++
28 Self-pitying	+	++	+	+	++	23 Self-conscious	+	+	-	+	±
29 Self-sufficient	+	++	-	+	+	24 Self-controlled	-	-	-	-	-
30 Taking responsibility	-	-	-	-	-	25 Serious	+	-	-	-	-
31 Tale bearing	±	±	+	±	±	26 Soft-voiced	-	-	-	-	-
32 Unreliable	=	=	=	=	=	27 Sullen	+	+	-	+	+
33 Untruthful	+	++	++	++	++	28 Violent	+	++	+	+	++
34 Vain	+	++	++	++	+						

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VII. EMOTIONAL TONE	J	R	T	F	H	VIII. STREAM OF TALK	J	R	T	F	H
1 Cheerful	+	-	-	-	+	1 Circumstantial	-	-	-	-	+
2 Cries often	-	+	-	+	++	2 Incessant	-	-	-	-	±
3 Depressed	+	+	-	+	+	3 Making repetitions	-	-	-	+	±
4 Excitable	+	+	++	-	+	4 Moderate	-	+	+	+	+
5 Laughs often	±	+	-	+	++	5 Racist type	-	?	-	-	-
6 Quick tempered	+	++	+	++	+	6 Rapid	+	+	-	-	±
7 Remorseful	+	++	-	+	++	7 Relevant	-	+	+	+	+
8 Repressed	+	+	-	+	+	8 Reticent	+	-	+	+	+
						9 Slow	-	-	-	-	+
						10 Tendency to unburden	-	+	-	+	-

IX. *Special Abilities.*

Knitting, embroidering, basketry, great love of play.

X. *Special causes of emotional reactions.* Being discovered in lying or stealing. Loses temper if unable to satisfy whim of moment. Inability to obtain personal adornments.

XI. *Special propensities, not already noted.*

a. *Any manifestation of sex?*

Great excitement if immorality was implied.

b. *Fears?*

None noted.

c. *Evidences of feeling of inferiority?*

None noted.

d. *Tendency to blame others for what patient herself is responsible?*

Yes. Very marked.

e. *Getting pleasure through aggressive action such as cruelty or violence?*

Not noted.

f. *Getting pleasure through submissive action such as suffering physical pain or through being forgiven?*

Not noted.

g. *Attitude toward authority and discipline?*

Very resentful.

h. *Attitude toward responsibility?*

Takes none.

XII. *Habits.*

a. *Of activity?*

Loud talking, irritability and loss of temper. Emotional explosions common with violence and assaultive behavior.

b. *Of thought?*

Continual effort to gain personal favors and material things for self.

c. *Of sex?*

None.

Classification of Cases Studied

REMARKS

- I 4 F *Imagination* very marked; accuses people of saying things about herself and others for which there is no foundation.
- I 12 J *Planfulness*; some ability but wrongly applied.
- I 13 T *Reasoning ability* poor as applied to own behavior, but fair in abstract situations.
- II 10 F *Concentration* good when making baskets.
- II 14 F *Stimulus necessary*; a great deal needed for things she did not want to do.
- II 9 J *Persistent*; very, in wrong doing.
- VII 7 H *Remorseful*; after committing a wrong will express sorrow for having done so, but will repeat the offense almost immediately.

SUMMARY

- I. *Intelligence* as it is shown in learning ability, imagination, and language ability is very good. Memory, mental agility and æsthetic appreciation are fair. Planfulness is on the whole fair with slight variability; definiteness of purpose, motor co-ordination and originality vary, the last named being less marked than the others. She is fairly suggestible, shows very poor judgment, especially in questions of ethics, and rather poor reasoning ability.
- II. *Work*. Her power of concentration is good, especially in kinds of work which please her, but at the same time she is distractible, and the quantity and quality of the output of work varies markedly. Stimulation is necessary and her response to stimulation is usually very good with occasional exceptions. She is usually persistent, is rather skilful and fairly accurate. Is never absent-minded, clumsy or automatic. She is not at all deliberate and has no endurance. She learns fairly well by experience although there is some variation here.
- III. *Traits*. She is overactive and is usually daring. She has a good sense of humor and varies in being optimistic. She is

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very vain, cleanly and fairly neat. She varies in adaptability, ambition, and habit of introspection. She is very loquacious, social, independent, egocentric, self-justifying and self-pitying and is also very impulsive and opinionated, at the same time varying in self-sufficiency. With these very positive traits she is rather sensitive and is extremely easily offended. She is generous, usually kindhearted, exceedingly jealous, melodramatic and fault-finding. She is neither seclusive nor introspective. She is rather resourceful but very unreliable and takes no responsibility. She is not exhibitionistic or obscene, but at times is very profane.

- IV. *Type.* She is distinctly of the childish type and is capable of being both a leader and a follower.
- V. *Attitude.* In attitude she is fairly responsive and co-operative, showing some variability. She shows great interest in emotional things, some interest in intellectual things and rather less in mechanical things. She is self-assertive, not at all self-depreciative, is rather suspicious and very changeable. She is easily discouraged, and not at all conscientious.
- VI. *Manner.* She is pleasant with much variability and not frank, except perhaps unpleasantly so. She is usually very enthusiastic, demonstrative with some, very defiant, boastful, aggressive and combative, and even violent and assaultive. She is self-conscious, loud voiced, shows poor self-control, is rarely serious and never patient. She is, on the whole, sullen, petulant, rather affected, sarcastic, very flippant and ingratiating and is inclined to have mannerisms. She is graceful and occasionally dignified.
- VII. *Emotional Tone.* She is very excitable, very quick tempered, laughs much, is very often depressed but never repressed. Is often remorseful for misdeeds but will soon repeat the same offense.
- VIII. *Stream of Talk.* She is of the raconteur type and circumstantial, but usually relevant. She varies greatly in rapidity of speech and is moderately talkative. She is not reticent but has a tendency to unburden.

Classification of Cases Studied

GENERAL SUMMARY I TO XII

This is an immature girl of good intelligence with some variability in special lines, who is very unstable and has poor judgment. Her work varies much in quality and quantity of output; she frequently needs stimulation. She is overactive, quick tempered, egotistic and egocentric, and, at the same time, is easily offended and sensitive. She is generous, exceedingly jealous, very emotional and changeable, not at all conscientious and is lacking in ethical judgment. She is flippant, over-enthusiastic, defiant and aggressive. She is extremely excitable and has periods of depression.

She lies and steals constantly; loses her temper if unable to satisfy the whim of the moment. She is resentful of authority or discipline and takes no responsibility. She blames others for what she herself is responsible and is capable of violent and assaultive behavior when angry. There seem to be few favorable traits besides good intelligence and kind heartedness and she has few serious interests on which to build.

Psychopathic Delinquent Women

CHART FOR RECORDING

TRAITS OF PERSONALITY

as observed during residence in Institution

Date—October 1, 1920

Age—25

Name—Martha N.

Civil condition—Single

Birthplace—Brooklyn, New York

Race—White

Nationality—American

Locality lived in—New York

Occupation—Salesgirl

Examiners

Position held

A. Miss J.

Nurse

B. Miss R.

Nurse

C. Miss T.

Matron

D. Miss F.

Teacher

E. Miss H.

Matron

KEY TO CHART

++ Trait present in marked degree

+ Trait present in moderate degree

± Trait present but a negligible quantity

- Absence of trait is somewhat noticeable

= Absence of trait is very conspicuous

? Decision doubtful

○ No decision

— Variability; more frequent manifestation of trait above line
and less frequent below

• See special note

Classification of Cases Studied

Study of Personality

I. INTELLIGENCE as shown in	J	R	T	F	H	TRAITS (continued)	J	R	T	F	H
1 Aesthetic appreciation	+	+	+	+	+	35 Overactive	+	+	+	+	+
2 Definiteness of purpose	+	+	+	+	?	36 Underactive	=	-	-	-	-
3 Ethical judgment	+	+	-	+	+	37 Irregularity	-	?	+	?	+
4 Imagination	?	+	+	+	+	38 Timid	+	+	+	+	-
5 Judgment	+	+	+	+	+	39 Daring	-	-	=	?	+
6 Language ability	+	+	+	+	+	40 Taciturn	-	-	+	+	+
7 Learning ability	+	+	+	+	+	41 Loquacious	+	+	+	+	+
8 Memory	+	+	+	+	+	42 Social	+	+	+	+	+
9 Mental agility	+	+	+	+	+	43 Unsocial	-	-	+	+	+
10 Motor coordination	+	+	+	+	+	44 Independent	+	+	+	+	+
11 Originality	?	+	-	+	+	45 Dependent	+	-	-	-	=
12 Planfulness	+	+	+	+	+	IV. TYPE					
13 Suggestibility	-	+	+	+	+	1 Childish	+	?	+	+	+
14 Reasoning ability	+	+	+	+	+	2 Adolescent	+	+	+	+	+
II. WORK RECORD						3 Adult	-	+	+	+	+
1 Absent-minded	-	+	-	-	+	4 Follower	+	-	-	-	-
2 Accurate	+	+	-	+	-	5 Leader	-	+	+	+	+
3 Automatic	-	-	-	-	+	V. ATTITUDE					
4 Clumsy	+	+	+	-	-	1 Changeable	+	+	+	+	+
5 Deliberate	+	+	-	+	+	2 Conscientious	+	+	+	+	+
6 Distractable	-	+	+	-	+	3 Cooperative	-	+	+	+	+
7 Having endurance	+	+	-	-	+	4 Easily discouraged	+	-	+	+	+
8 Learning by experience	+	+	+	+	+	5 Responsive	+	+	+	+	+
9 Persistent	-	+	-	-	+	6 Self-assertive	+	+	+	+	+
10 Having concentration	+	+	-	+	+	7 Self-depreciative	-	?	-	-	-
11 Responding to stimulation	+	+	+	+	+	8 Showing interest in					
12 Showing effort	+	+	+	+	+	a. Emotional things	+	?	+	+	+
13 Skillful	+	+	-	+	+	b. Intellectual things	+	+	+	-	+
14 Needing stimulation	+	+	+	+	+	c. Mechanical things	-	+	?	-	-
15 Variable	+	+	+	+	+	9 Suspicious	+	-	-	+	+
III. TRAITS						VI. MANNER					
1 Adaptable	-	+	-	+	+	1 Affected	-	+	+	+	+
2 Ambitious	+	+	+	+	-	2 Aggressive	-	+	-	-	+
3 Cleanly	+	+	+	+	+	3 Apathetic	-	-	-	-	-
4 Confidential	-	+	-	+	-	4 Assaultive	-	-	-	-	-
5 Consistent	+	-	-	+	+	5 Boastful	-	+	-	-	+
6 Dishonest (Stealing)	-	-	-	-	+	6 Bodily attitude					
7 Easily offended	+	+	+	+	+	a. Awkward	-	-	-	-	-
8 Egocentric	+	+	+	+	+	b. Graceful	+	+	+	+	+
9 Exhibitionistic	=	=	=	=	=	c. Dignified	+	+	+	+	+
10 Fault-finding	+	+	+	+	+	d. Showing abandon	+	+	+	+	+
11 Generous	+	+	+	+	-	7 Combative	-	+	-	-	+
12 Hypochondriacal	-	-	-	-	-	8 Deftant	-	+	+	+	+
13 Impulsive	+	+	+	+	+	9 Demonstrative	-	-	-	+	+
14 Introspective	+	+	+	-	+	10 Enthusiastic	+	+	-	+	+
15 Jealous	+	+	+	+	+	11 Flippant	-	-	-	-	+
16 Kindhearted	+	+	+	+	+	12 Forceful	+	+	+	+	+
17 Melodramatic	+	-	+	-	+	13 Frank	+	+	+	+	+
18 Neat	-	-	-	-	-	14 Having mannerisms	-	-	-	-	+
19 Obscene	-	-	-	-	-	15 Ingratiating	-	+	-	+	+
20 Opinionated	+	+	+	+	+	16 Irritable	-	+	-	+	+
21 Optimistic	+	+	+	+	+	17 Loud-voiced	-	-	+	+	+
22 Profane	-	-	-	-	-	18 Patient	+	+	+	+	+
23 Resourceful	+	+	+	+	+	19 Petulant	+	+	+	+	+
24 Seclusive	+	+	+	+	+	20 Pleasant	+	+	+	+	+
25 Having sense of humor	+	+	+	+	+	21 Having poise	-	-	-	-	-
26 Sensitive	+	+	+	+	+	22 Sarcastic	+	+	+	+	+
27 Self-justifying	-	-	-	-	-	23 Self-conscious	+	+	+	+	+
28 Self-pitying	+	+	+	+	+	24 Self-controlled	+	+	+	+	+
29 Self-sufficient	-	-	-	-	-	25 Serious	-	-	-	-	-
30 Taking responsibility	+	+	+	+	+	26 Soft-voiced	+	+	+	+	+
31 Tale bearing	-	-	-	-	-	27 Sullen	-	-	-	-	-
32 Unreliable	+	+	+	+	+	28 Violent	-	-	-	-	-
33 Untruthful	-	-	-	-	-						
34 Vain	+	+	+	+	+						

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VII. EMOTIONAL TONE	J	R	T	F	H	VIII. STREAM OF TALK	J	R	T	F	H
1 Cheerful	+	+	-	-	±	1 Circumstantial	+	+	+	-	++
2 Cries often	+	-	+	±	+	2 Incessant	+	+	-	+	+
3 Depressed	+	+	-	+	+	3 Making repetitions	-	-	-	-	-
4 Excitable	+	+	+	+	+	4 Moderate	-	+	+	+	+
5 Laughs often	+	+	+	+	+	5 Raconteur type	+	+	+	+	+
6 Quick tempered	+	+	+	+	+	6 Rapid	++	+	+	-	-
7 Remorseful	○	-	○	-	°	7 Relevant	-	+	+	°	-
8 Repressed	-	-	-	-	-	8 Reticent	-	+	-	-	-
						9 Slow	-	-	-	-	+
						10 Tendency to unburden	+	+	+	+	+

IX. *Special abilities.*

Dancing, knitting, athletics.

Can do typewriting and thinks she may have special ability in this.

X. *Special causes of emotional reactions.*

Any treatment of a physical nature, such as dental work, atropine dropped in the eyes, and physical examinations in general.

Restriction or discipline in any form.

Sympathy for friends who were in difficulty.

XI. *Special propensities not already noted.*

a. *Any manifestation of sex?*

Aversion to anything sexual in nature, either in conversation or actions, to an abnormal degree, even including necessary physiological information.

b. *Fears?*

Terror at any approach to physical realm as above.

c. *Evidences of feeling of inferiority?*

Feels educational and social limitations.

d. *Tendency to blame others for what patient herself is responsible?*

Yes.

e. *Getting pleasure through aggressive action such as cruelty or violence?*

No.

f. *Getting pleasure through submissive action such as suffering physical pain or through being forgiven?*

No.

Classification of Cases Studied

- g. *Attitude toward authority and discipline?*
Very resentful of both.
- h. *Attitude toward responsibility?*
Variable.

XII. *Habits.*

- a. *Of activity?*
She was always running up and down stairs and along corridors and accomplished very little work.
- b. *Of thought?*
Tendency to brood and be seclusive.
- c. *Of sex?*
None.

REMARKS

- I 14 H *Reasoning ability* in abstract situations rather good but poor in concrete situations.
- III 38 F She is *timid* in things concerning herself physically.
- III 2 R *Ambitious*, good student.
- III 31 J Indulges in gossip that leads to quarrels.
- III 33 R Was very *untruthful* when she entered hospital but apparently improved much before going away.
- IV 4 F Although not a *follower* in general, inclined to follow people whom she admires.
- VII 6 T Shows *temper* if asked to do work that is distasteful.

SUMMARY

- I. *Intelligence.* Of good intelligence, as shown in learning ability, memory, imagination, planfulness, mental agility, language ability and æsthetic appreciation. Shows rather good judgment and ethical discrimination. Is only slightly suggestible, shows some definiteness of purpose, good motor co-ordination and little originality. Her reasoning ability is good in abstract situations, poor in concrete ones.

Psychopathic Delinquent Women

- II. *Work.* In her work she shows fair power of concentration, needing stimulation very much but responding well to it. Is variable in output of work, rather distractible and not very persistent. She is rather absent-minded but shows a fair amount of effort and varies in accuracy. She is fairly deliberate and skilful, is usually not automatic but is thought by two of the five judges to be clumsy. She varies in endurance and in ability to learn by experience.
- III. *Traits.* She is of the overactive type and is rather timid. She is very loquacious, varies in sociability, is independent, egocentric, inclined to be self-pitying and self-justifying. Is very impulsive and opinionated but sensitive and easily offended. She is self-sufficient, varies in adaptability and is rather ambitious. She has a good sense of humour but is rather pessimistic. She does not seem to be a tale bearer, has not been known to steal while in the hospital and has only occasionally lied. She is always neat and cleanly. She is rather vain, extremely jealous, tends to be melodramatic, is fault-finding, and inclined to introspection and seclusiveness. She is kind-hearted, resourceful, but unreliable and shows great variability in taking responsibility. She is not hypochondriacal, has never shown any exhibitionistic tendencies, and is never profane nor obscene.
- IV. *Type.* All but one of the judges consider her childish in type. She is a leader rather than a follower.
- V. *Attitude.* In attitude she is responsive, and co-operative, and shows much interest in mechanical things. She is changeable, easily discouraged, rather conscientious, inclined to suspiciousness, never self-depreciative but usually self-assertive.
- VI. *Manner.* In manner she is rather serious, affected, enthusiastic, occasionally boastful, rather forceful in an unconstructive way and at times very defiant. She varies much in pleasantness and frankness; is not very demonstrative, aggressive, or combative and never violent or assaultive. She is inclined to self-consciousness, varies in self-control and patience. She is sometimes sullen and petulant and at times very irritable; she is never apathetic, often ingratiating, but never flippant. She is sarcastic, and has few mannerisms.

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In bodily attitude she is not awkward but rather graceful and dignified, has considerable poise and occasionally shows abandon.

VII. *Emotional Tone.* She is very excitable, very quick tempered, rather more inclined to be depressed than cheerful, is repressed to a considerable degree and shows a tendency to be remorseful. She laughs and cries frequently.

VIII. *Stream of Talk.* Moderate; sometimes repeats but to correct errors; is relevant but rather reticent, showing only a slight tendency to unburden or to be confidential.

GENERAL SUMMARY

This girl is of the overactive type, intelligent, egocentric, introspective, seclusive, excitable and rather inclined to be depressed. She is impulsive, opinionated, sensitive and easily offended. She is a fair worker but she is so variable in effort, accuracy, attention, deliberation and skill that her work cannot be depended on for either quality or quantity of production. She reasons abstract questions rather well, but cannot apply her reasoning ability to her own conduct.

There is suggested as a cause of her inconsistent and contradictory behavior a great fear of emotional things which points to unusual emotional repression that should be investigated. Her resentment of authority and discipline and her variability in taking responsibility imply much immaturity of development. Her sense of inferiority because of her educational and social limitations offers in part an explanation for her sensitiveness and her being easily offended. On the other hand she appears to be ambitious and is interested in type-writing which at least suggests some occupation on which to build.

Psychopathic Delinquent Women

Sources of Emotion Found. In a previous study an attempt has been made to analyze the sources of emotion of the emotional episodes so frequently seen in the reactions of these unstable women.¹

Briefly stated these were found to be as follows:

1. First, the emotion was due to the disappointment and chagrin that is natural to us all in every instance of thwarted desire. In the reactions of those who have habitually had their own way and who still retain the impetuosity of childhood, this single source may account for much emotion.

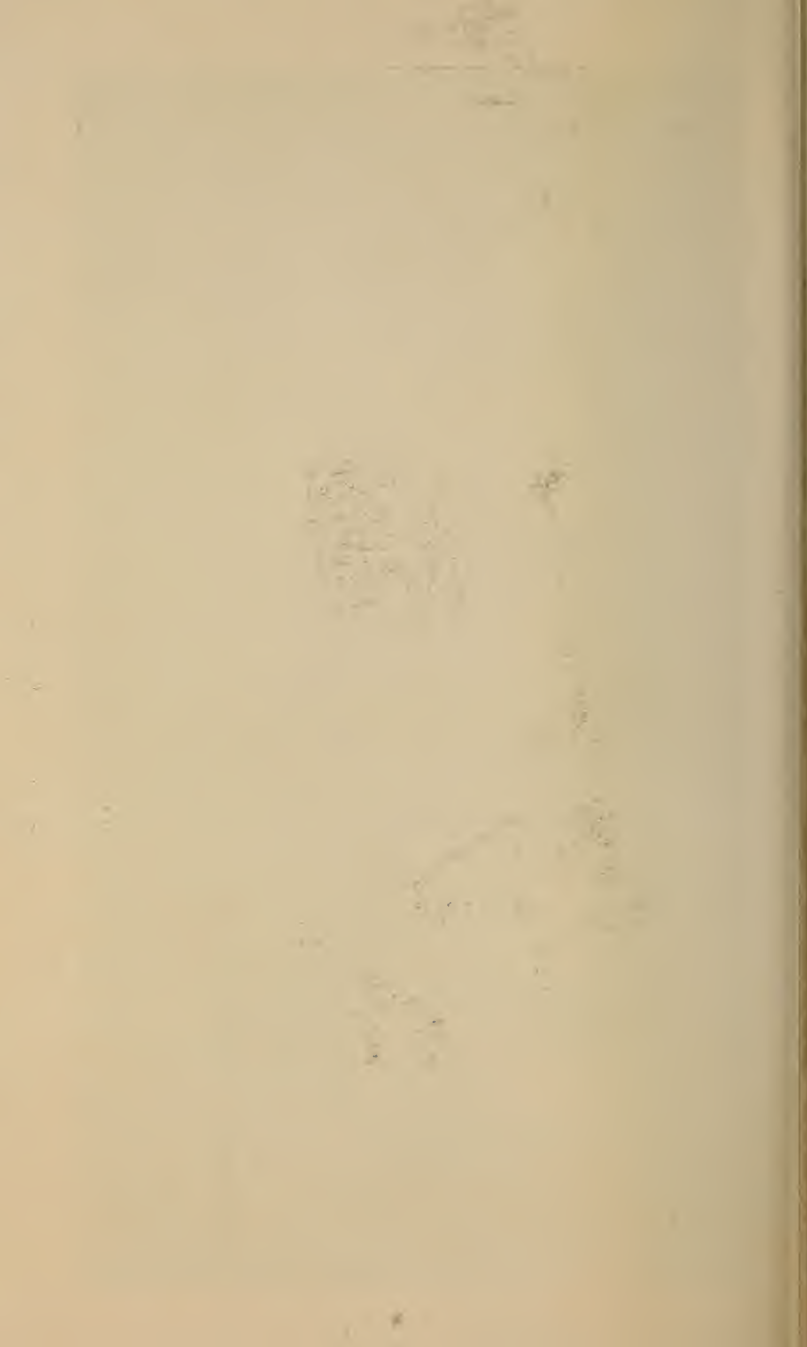
Obvious examples of thwarted desire were the following: Not being able to run away from situations; not receiving as much affection or admiration as was wished or being able to express affection for another as violently as was desired; not getting extra food and clothing and personal adornments if these were visible in their environment, and, briefly, not being able always to have their own way and to dominate every person with whom they came in contact and each situation that arose.

2. In the second place, much emotion was freed because of the breaking down of or interference with some adaptive mechanism. In most of the cases studied there had been built up as a result of failure in meeting certain social situations, a secondary adjustment that was often unconstructive or antisocial in nature. This was used to compensate for the patient's inability to adapt herself to situations that may have occurred years earlier, or her unwillingness to face some disagreeable reality.

¹ Spaulding, Edith R.: Emotional Episodes among Psychopathic Delinquent Women. *Journal of Nervous and Mental Disease*, Vol. 54, No. 4, October, 1921.



SLEEPING PORCH DURING REST PERIOD.



Classification of Cases Studied

The habit of stealing in one instance was a secondary mechanism through which the patient endeavored to obtain that which she had been denied by the circumstances of environment. In another patient, lying was such a mechanism, utilized to prevent the necessity of facing disagreeable truths in general or of admitting the existence of another mechanism, such as stealing, which in itself had represented an attempt to escape the unpleasant. The habit of running away, manifesting itself at first through truancy and running away from home and later in life through frequent change of position, was invariably a secondary mechanism constituting an attempt to escape conditions that were disagreeable or, as it seemed to the individual, even intolerable. The habit of screaming to gain an end, not uncommon in childhood, was another mechanism of our adult psychopaths that was employed at times in combination with assaultive behavior and constituted an attempt to accomplish what had been impossible by more mature methods. In two of the cases, homosexual relationships represented a substitute for unattainable heterosexual ones that had been preferred before admission to the institution and in this sense might be considered a mechanism resorted to temporarily because of the patient's limited environment.

All of these habits were simply substitutive attempts at expression of individual energy. They constituted props that oftentimes compensated for inefficiency. It was a terrible blow to the ego when the successful carrying out of an artificial mechanism was prevented through some resistance in the environment and the chagrin

Psychopathic Delinquent Women

caused by its failure was a second source of the emotion generated. While it is possible for an emotional explosion to be the result merely of thwarted desire, still in the majority of our cases, a compensatory condition, such as we have described, was found to be interfered with.

3. In studying the third source of emotion, we found that, deeper than the artificial mechanism that had been formed, there was another emotional level, namely, the more or less unconscious remembrance of the original failure of adjustment, with which, doubtless, much feeling had at the time been associated. As a cause of this was found the patient's real inferiority, her greatest weakness, perhaps, and frequently the turning point at which her energy unconsciously sought a vicarious outlet that led to her asocial conduct or a delinquent career. Here, then, was the inferiority, inadequacy, immaturity, or emotional experience that had never been faced or satisfactorily dealt with in earlier years. It was as though at the time of each episode an exposed nerve had been touched. Although this reminder may not have been in the conscious mind of the patient, still it was undoubtedly the third source of emotion and accounted in large degree for the intensity of the reactions. Here was often revealed the key to the general maladjustment which offered access to those obscure regions where the deviation first occurred. In all such cases the discovery of this deviation should be the foundation of any process of re-education.

This approach to the patient's emotional life is presented as a generalization or skeleton on which to build

Classification of Cases Studied

rather than a substitute for a detailed analysis. In cases in which analysis is possible such a guide should be of use in unraveling the intricacies of the various complexes and resistances of the personality. In the six cases studied in this previous report, however, detailed analysis was impracticable because of the inaccessibility of their mental make-up and their intellectual limitations.

*The Study of an Emotional Crisis.*¹ In another study the reactions of the group as a whole in an emotional crisis were described and an analysis made of the individual and group factors, a summary of which follows: The *dramatis personæ* of the emotional episode or crisis, as we have called it, were the following six girls:

First, Antoinette, an English girl of nineteen, the leading character in the drama. She was considered an epileptic. The diagnosis was always obscure as she not infrequently brought about attacks that were hysterical in nature, as, for instance, when she was to receive gynecological or anti-luetic treatments or when she was to have a spinal puncture. At such times she would inform us that she would have an attack if we proceeded. She was always able to accomplish it, even to the extent of apparent unconsciousness. Occasionally, she had attacks of unconsciousness resembling epileptic seizures. Her personality, moreover, strongly suggested the epileptic make-up. She was extremely egotistic, wished to rule any environment in which she was placed, resented authority in any form, worked hard at times but always spasmodically, was extremely irritable, restless, and quarrelsome, and was generally unreliable, showing little loyalty toward

¹ Spaulding, Edith R.: An Emotional Crisis. Mental Hygiene, Vol. V, No. 2, April, 1921.

Psychopathic Delinquent Women

those who did the most for her and of whom she was most fond. The psychological tests showed that she had normal intelligence. Her intelligence quotient was .80. She had been sent to the reformatory on the charge of petit larceny.

Second, Theresa, a Jewish girl of twenty-four, who was of the manic-depressive reaction type. Although quite excitable at that time, she was not considered sufficiently abnormal to be transferred to a hospital for the insane. She gave a history of two previous depressions. Very careful nursing and tactful management were required to prevent her from being affected by the other members of such an inflammable group. Because she had been in the hospital since its beginning, she had a sense of ownership regarding it and a feeling of superiority over the others which was not altogether welcomed by them. She was considered a border-line case intellectually. Her intelligence quotient was .64. Her offense was grand larceny.

Third, Fannie, another Jewish girl, twenty-five years old. She was classified as a psychopathic personality. She was a "shut-in" type and was exceedingly sensitive. The fact that she was deaf tended to increase her sensitiveness. She also gave a history of a depression lasting two years—from the age of fifteen to seventeen—during which time she remained in the house, talked very little, and showed a particular aversion to men of her own race. While she was in the hospital, she kept much by herself and occasionally had attacks of excitement lasting a day or two, during which she was depressed, exceedingly irritable and unable to do work of

Classification of Cases Studied

any kind. She also had phobias of various kinds—of fire, of the ceiling falling on her, etc. The psychological tests showed her to have normal intelligence. Her intelligence quotient was .98. Her offense was prostitution.

Fourth, Adelaide, a large Norwegian girl of nineteen, was classified as a psychopathic personality. She showed a superabundance of energy associated with much childishness. For several years before she entered the institution, Adelaide had refused treatment for syphilis. One wondered how many strong men would be needed to control the situation should this young Amazon some day carry out her various threats. The tests of her intelligence placed her in the class of "dull normals," her intelligence quotient being .74. She was sent to the reformatory because of her refusal to receive treatment for her physical condition.

Fifth, Mazie, an American girl of eighteen, with fair bobbed hair, who looked far too young to be with older women in a reformatory of this kind. She was also of the manic-depressive type of personality, and although exceedingly unstable emotionally and usually very excitable, she was kind-hearted and light-hearted, brimming over with fun as well as with unstinted energy. She never let anything get by her and was an integral part of everything that was going on. Mazie could have had a good education in a quaint New England town, but she could not stand its quiet and came instead to a small town in New York where she worked in a factory and sought out the worst companions that were available, having been found in chop-suey houses by the police before she was sent to Bedford. Her intelligence was

Psychopathic Delinquent Women

considered normal, her intelligence quotient being .80. Her offense was prostitution.

And, sixth, Bella, a good-natured, fun-loving colored girl of eighteen, in whom racial primitiveness was a predominating factor. She was committed to the institution because she refused treatment for gonorrhea. She was the least abnormal of the six cases and was in the hospital in the capacity of a worker rather than as a patient. Intellectually, she was graded as belonging to the inferior group of normals. Her intelligence quotient was .71.

The crisis itself might be described as a general emotional riot expressing principally the anger and hatred of the other members of the group against Antoinette, with violent screaming, and much oratory of a profane and abusive nature, that began about nine o'clock in the evening, reached its height about eleven and continued in all its intensity and without respite until half-past two in the morning. There was no destruction of furniture and no windows were broken, although how they escaped it is difficult to say. There was no violence shown against any nurse or matron, and fortunately we were able to keep a locked door between the especially deadly antagonists, Antoinette and Theresa.

In studying the etiology of this emotional crisis, one is confronted with the fact that there were elemental factors in its make-up that were mental, physical and social, all so intimately bound together that it is hard to separate them from one another. Before attempting to analyze these elemental factors, it might be well to examine the stage and its setting, which was so well

Classification of Cases Studied

prepared before the curtain rose and the drama began. For the stage setting was composed of elements that may be considered quite apart from the important factors that caused the crisis itself.

First of all, there was Antoinette's very difficult personality, seeking, with the characteristics of Kipling's walking delegate, to stir up a spirit of antagonism in the group in order to gain prestige and to avoid the situation that, because of her hysterical characteristics and her physical condition, was such a hard one for her to face, namely, the treatment of her gonorrhea and syphilis. Second, there was the other girls' rage at her desertion of the cause she had so valiantly championed and their disgust at her newly acquired "uplift" tendency, which was being so disastrous in its back-fire on them. For Antoinette had suddenly "hit the trail," deserted her gang, and finding that the treatment was inevitable, was making the best of it and currying the great possible favor with the authorities. Third, there was the excitement that always follows the production of a play in such a group as this, and, fourth, the loss of a favorite teacher, which, with their childish natures, they resented very much. The implied partiality of a nurse toward Antoinette, and the girls' virtuous demands for fair play during an emotional wave that occurred on the sleeping porch several days previously and represented the prologue to the crisis, were in truth but excuses for the preliminary explosion of the seething emotion aroused by the four factors in the stage setting already described.

Turning to the analysis of the drama itself, we are

Psychopathic Delinquent Women

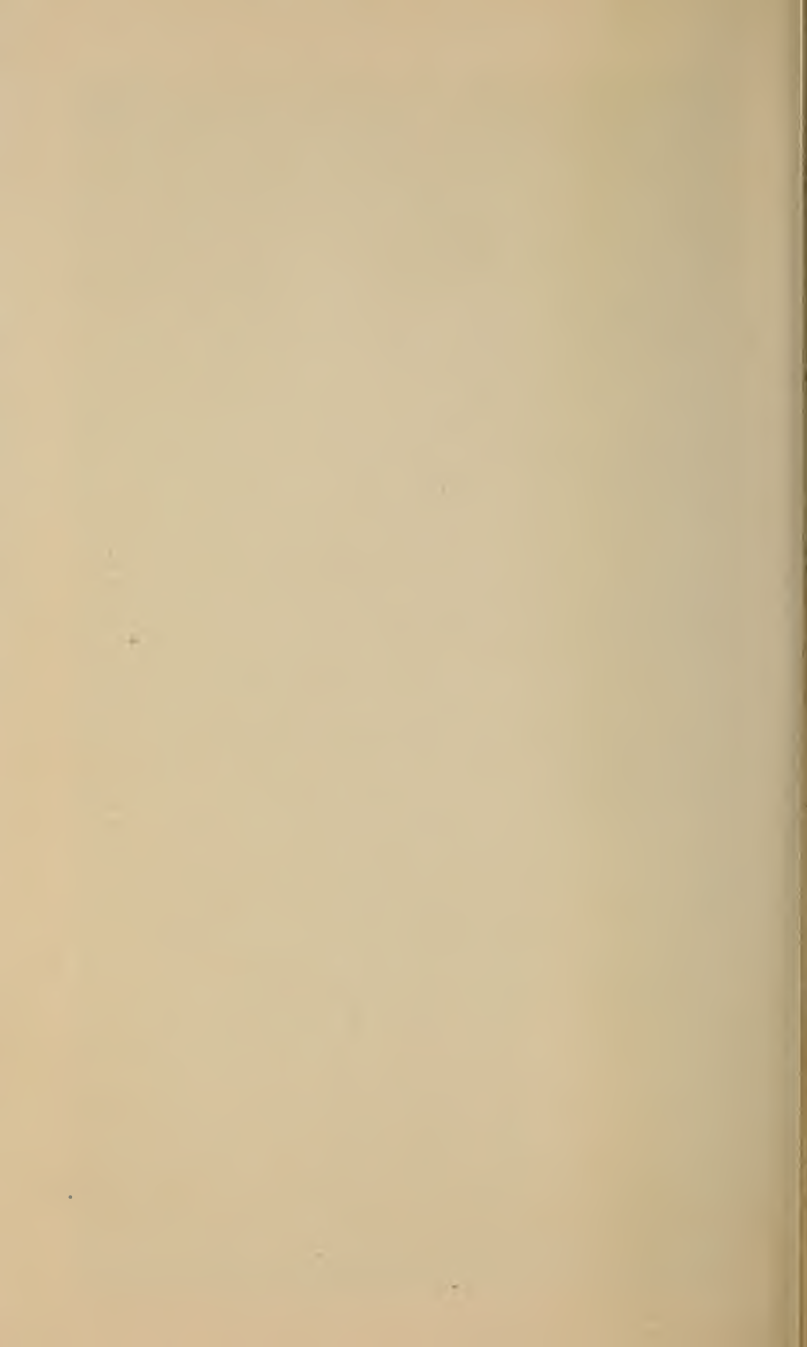
able to distinguish a number of fairly distinct elements in its make-up:

General Emotional Instability. The first of these factors is the marked emotional instability of the entire group, associated with no frank mental disease, but expressing great irresponsibility and exceedingly little inhibitory power. The various mental abnormalities found may be described under the general heading of psychopathia, with, however, manic-depressive, schizophrenic, and paranoid trends and the epileptic personality make-up already mentioned. Added to this were many exaggerated characteristics of personality, such as extreme sensitiveness often coupled with aggressiveness, over-activity, over-suggestibility, poor judgment, suspiciousness, defiance, sullenness, and combativeness. Whatever their deeper significance, all of these traits of character, common though they may be to both normal and abnormal people, in the intermediate stage of psychopathic personalities, are oftentimes the most obvious cause of the maladjustments of such individuals and constitute the outstanding features of their emotional explosions. Briefly stated, then, the emotional instability of the group as a whole, plus the abnormal mental trends and the exaggerated traits of character, constitute the most important factors of the drama.

Immaturity in Personality Development. Another factor that stands out with such prominence that it seems necessary to describe it under a separate heading, even though it may be the expression of abnormal trends or of undeveloped personalities, is the extreme immaturity of the entire group. Prior to the episode described, this



THE PLAY GROUND.



Classification of Cases Studied

was evidenced by their lack of appreciation of anything that was done for them and by their incessant demands for the impossible; and during the prologue and the drama, by their general immaturity of judgment, which freed them from any feeling of responsibility of a profitable kind where they themselves were concerned, and allowed them to assume unwarranted and valueless responsibility for their comrades; and, furthermore, by their exaggerated resentment of correction of any kind. This last characteristic is associated with the antagonistic attitude common to many of the women which has resulted only too often in a failure to make adequate adaptation to authority. Their habit of life has been, in most instances, to evade authority in every form—first parental, later as expressed in the school, and, later still, by the law; and they have continually attempted to get the best of everyone with whom they have come in contact. The attraction of such women for members of the same sex, their exhibitionism, their auto-erotic tendencies, and their unsocialized egotism may be considered an expression of the fixation of their personality development at infantile levels. Again, all of the characteristics that we have described as evidences of childishness may be considered attempts at compensation by an ego that has failed to express itself constructively at home, in the school, and in the community. Such manifestations might be considered more basically as socially unconstructive expressions of the instinct of self-preservation.

Elemental Emotions. The third factor in the drama may be found in the strong elemental instincts that seek

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unhampered expression in the lives of these women. Whether this, too, is the result of mental instability or expresses an imbalance in the psycho-physical development of their personalities, it is, perhaps, difficult to determine. This factor was evidenced by the expression of such emotion as love, hate, anger, and jealousy in pure culture and with much abandon. In the lives of many of these women it frequently seems to be the overpowering urge of elemental instinct that has made it impossible for them to maintain their balance and has precipitated them into the social situations that have resulted in their being sent to reformatories. During their residence in the reformatory, the same elemental urge expresses itself in infatuations for their companions and particularly for colored girls, who appear to be a temporary substitute for the masculine companionship that is being denied them. Here again, its expression results in further difficulties for them. Bella's overwhelming popularity suggests the expression of this condition.

The Herd Instinct. The fourth factor of the crisis, and the one that in our estimation constituted the main difference between the emotional group episodes that occur in reformatories and the excitements that occur in hospitals for mental disease, is the expression of the herd instinct. In the hospital for mental disease, each patient is absorbed by his individual difficulties; in the reformatory, on the contrary, the group may combine with concerted action on the slightest pretext against an individual, against a group, or against authority. One sees evidence of this in the attitude of the group toward the newcomer. They are invariably suspicious of her until they have

Classification of Cases Studied

tried her out and feel that she can be trusted with their secrets. Their cruelty is extreme if they think she will "rat" on them. In the episode under discussion, there was an additional element of racial feeling that further exaggerated the tendency already present to band together against the enemy. This seems to indicate a close relationship between the herd instinct and the instinct of race preservation. Perhaps the fury and emotion evident in the manifestations of the instinct of the herd may be explained by its close relationship to the instinct for the preservation of the race, which is already recognized as the source of very great emotion. The factor of suggestibility, already mentioned as a characteristic of the personalities of many of the individuals of this group, is doubtless an influence that accentuates the expression of the herd instinct.

Physical Elements. A fifth factor, which should at least be mentioned, is that of the physical elements that played their part in the scene. The greatest irritability in nervous patients, as is well known, is frequently seen in connection with the menstrual period. This would account for Antoinette's excessive irritability at the time, which was of course an element of the greatest importance in the emotional wave. One might also wonder whether, in a group of this kind, established sex habits that were not having an outlet should not be considered a cause of irritation and restlessness. In the present instance, while this was probably not a material factor in the conduct of the ring-leader, it may have been of importance in the other members of the group.

Individual Complexes. The sixth and perhaps the

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most significant factor in causing the extreme intensity of the situation, after it was started, was the individual complexes that were brought to light in two of the patients. Theresa had said months earlier that she was troubled over something that she would reveal to no one. Later, during the acute maniacal attack that preceded her transfer to a hospital for mental disease, she told us that she had some time previously married a Gentile by whom she had had a child. After living unhappily with him for a year and a half, she left him. She did not know where he was or whether the child was still alive. She had never spoken of this, and even her own family was ignorant of it. An epithet applied to her on the night of the crisis had, she said, been used by her husband in one of their most emotional scenes to express his contempt for her. This brought vividly to her mind the part of her life that had been the cause of her greatest suffering and was associated with her most intense emotions. The cause of the attack was doubtless the stirring up of the emotional levels that she was trying so hard to repress. Antoinette, also, had deep emotional levels, which she was unwilling to have tapped and which were related likewise to the factor of race. Her enmity for Theresa recalled her intense and conflicting emotions towards her stepfather, who belonged to the same race. She had been devoted to him and jealous of her mother, as she sometimes admitted frankly and also described to us unwittingly in her dreams. At the height of her emotional outburst, she informed us that it was because of her stepfather that she had finally left home and taken the step that resulted in all of her troubles.

Classification of Cases Studied

Such episodes as we have described are only too familiar to those who have dealt with the same class of women under a variety of circumstances. Our crisis may be considered a mild outburst when compared with the riotous occasions that even at the present time are not infrequent in similar institutions and in which the participants appear to hold lightly human life itself.

As a result of the investigation made during September, 1922, between three and four years after their discharge from the institution, nine out of the thirty-three were doing well, while the conduct of two more was thought to be fairly satisfactory. Eight patients had been arrested, two were wanted by the authorities, and five had violated their parole. Two others had had illegitimate children, while another two were known to be doing badly, although they had not been arrested. One had been deported and concerning one there was no information. Of the six who had married, three were known to be doing well. Thus a possible eleven, or 33.3 per cent. of the number, may be said to have had a favorable outcome.

Of the eleven workers, four were doing well, two violated parole, one was known to be doing poorly and four could not be traced. This gives a favorable outcome in 36.4 per cent. of the cases, which is only a little higher than that found in the more unstable group.

CHAPTER X

ETIOLOGIC FACTORS

Evaluation of Etiologic Factors. In considering the problem that each girl presented, the various factors which had been influential in shaping her personality and causing her life reactions were evaluated. The individual factors, however, were considered in the light of the relation which existed between them and the individual rather than for their isolated interest. The human organism is capable of so many adjustments and over-compensations that seemingly unfavorable elements are frequently welded into the most favorable ones when other circumstances are propitious. Such a relationship is a living, dynamic equation capable of constant variability with the kaleidoscopic change of the many single elements involved rather than a static condition in which individual factors of an unfavorable type are always to be found coupled with unfavorable results.

In viewing the etiologic factors of the antisocial conduct represented in the group, it is of interest to compare them with those found in other groups which have been similarly studied. It is also of interest to note the nature of the factors which appear to be prominent in the lives of these women. For this reason the various subjects of heredity, environment, intelligence, educational facilities, physical handicaps, and emotional maladjustments are considered separately in this chapter.

Etiologic Factors

Heredity Factors in the Group. In previous studies of delinquent careers no proof has been discovered of the direct inheritance of criminalistic characteristics although many factors of nervous and mental defect, physical disease, and even criminal conduct have been found in the forbears.¹ In the present study no attempt was made to prove the existence or non-existence of the inheritance of criminal traits but rather to see in a general way the handicaps with which our patients may have begun life and to consider the nature of such handicaps.

In studying the prevalence of factors of inheritance among our cases, five arbitrary classes were utilized, as follows:

- | | | |
|------------|------------|---|
| Class I. | Very good: | Showed no negative characteristics and some desirable ones. |
| Class II. | Good: | Showed absence of undesirable characteristics. |
| Class III. | Fair: | Showed one case of nervous or mental disease or social deviation or what was considered the equivalent. |
| Class IV. | Poor: | Showed two such cases or the equivalent. |
| Class V. | Very poor: | Showed more than two such cases. |
| Class VI. | Unknown: | Insufficient data. |

According to these standards the inheritance found in the cases of thirty-three patients would be classified as follows:

	Number of Patients	Per cent
I. Very good	0	.0
II. Good	2	6.0
III. Fair	14	42.5
IV. Poor	6	18.2
V. Very poor	7	21.2
VI. Unknown	4	12.1

¹ Spaulding, Edith R., and Healy, William: Inheritance as a Factor in Inheritance. A Study of a Thousand Cases of Young Repeated Offenders, Bulletin of the American Academy of Medicine, Vol. XV, No. 1, February, 1914.

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It will be seen from this classification, that as far as could be ascertained by the patient's history and the social investigation of the cases, 48.5 per cent should not have been greatly handicapped by their inheritance. But even with the facts which were available, in 39.4 per cent of the cases inheritance appeared to have been an unfavorable element. The following two cases (Numbers 4 and 38) will give an idea of the kind of family history that was found:

Theresa's father died of nephritis and her mother of diabetes. There were ten children of whom the patient was the youngest. The first three died in early childhood, two sisters died in a state hospital for the insane during attacks of depression, one of these having tuberculosis. Another sister, who married, was depressed following childbirth and one brother was alcoholic.

Eva's father was alcoholic and was considered rather wild. Her mother, a coarse type of woman, quarrelsome, and "given to overdress and gossiping," had rheumatism and heart trouble. Of the four children the oldest boy was defective and never worked. He was forced to marry but immediately deserted his wife and went to live with another woman. The other sister had deserted her husband to live with another man, taking with her her child and all the valuables she could find.

Environmental Status of Group. In evaluating the environment in which these women had lived the three factors were considered which had already been utilized in the laboratory study, namely, economic pressure, moral standards, and parental supervision. Individual estimates were made of the three factors from which a total

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estimate was formulated. The cases were divided into five classes as follows:¹ I. Very good; II. Good; III. Fair; IV. Poor, and V. Very poor.

The following table shows the environmental factors of the group:

TABLE I

ESTIMATE OF ENVIRONMENTAL STATUS

	Estimate of Economic Status Per cent	Estimate of Moral Status Per cent	Estimate of Parental Supervision Per cent	Estimate of Total Environ- mental Status
I. Very good	3.0	.0	.0	.0
II. Good	9.1	15.2	.0	9.1
III. Fair	24.3	27.2	24.3	33.3
IV. Poor	39.4	33.3	42.4	30.3
V. Very poor	12.1	12.2	21.2	15.2
Insufficient data	12.1	12.1	12.1	12.1

In the estimate of total environment, it will be seen that the largest number in any class (33.3 per cent) showed mediocre home situations, that a large proportion (45.5 per cent) were either poor or very poor, while but few (9.1 per cent) were good and none were very good.

In comparing our group of thirty-three women with the four hundred and twenty delinquent women from various institutions studied at the laboratory (Table II), we find no great deviation, the classes of "Good" and "Very good" added together averaging about the same in both groups, and the "Poor" and "Very poor" reaching a similar average when considered together. If taken separately, however, we find fewer in our group with

¹ Study of Women Delinquents in New York, p. 205. Bureau of Social Hygiene, Century Co., 1920.

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"Very good" homes than in the larger group and twice as many with "Very poor" ones.

TABLE II

ESTIMATE OF ENVIRONMENT OF OUR GROUP OF PSYCHOPATHIC DELIN-
QUENTS AS COMPARED WITH GENERAL DELINQUENT GROUP

	Psychopathic Delinquent Group Per cent	General Delinquent Group Per cent
I. Very good .....	.0	.5
II. Good	9.1	6.0
III. Fair	33.3	47.1
IV. Poor	30.3	38.1
V. Very poor	15.2	8.3
Insufficient data	12.1	.0

In considering the undesirable elements of many of the home surroundings that were found, the factor of environment would seem to have been of considerable importance in many of the cases studied. The lack of adequate parental supervision seems to be particularly prominent, 63.6 per cent of the entire group classifying as "poor" or "very poor" in this particular.

The following cases (Numbers 32 and 18) are examples of some of the unfavorable environments that were found.

Julia's father was a dissolute, worthless man who drank excessively, was abusive to his wife and never supported his family. Her mother was a fairly intelligent woman of low moral standards who expressed no deep emotion over her daughter's difficulties. There were two other children besides the patient, both boys of low mentality. One had been forced to marry. The parents had separated when Julia was young. The father continued to live with his wife's sister, it was thought, as her husband

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and the mother kept house for a man with whom she lived as his wife. After a sex experience at fourteen Julia became promiscuous in her relationships, associated with the worst girls in town and frequented a saloon of bad repute.

Viola came from a country community in which there was a degenerate element and low general community standards. Her father was killed in an accident while intoxicated. He was excessively alcoholic, abusive to his family and a poor provider. Her mother was a lazy, shiftless woman with poor moral standards. The children in the family had little home supervision and were continually subjected to undesirable influences in the neighborhood.

It is, of course, impossible to separate the influences on the individual of inheritance and environment. In the following two cases (Numbers 44 and 10) the two elements seem to be fairly closely interwoven.

Maria's father was a hard drinking man who was said to be very cranky and would never allow the children to have company in their home. The mother was insane, but previous to her commitment would stay up all night fearing that some one would come in and attack the family or that the children would be burned to death. At the same time Maria was being beaten by her father for minor offenses.

Pearl's mother was a colored woman who deserted her family and went off with another man while the four children were still young. Her father, who was Jewish, died of tuberculosis. Two sisters were known to have stolen and to have been prostitutes, but had never been

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arrested. The family were in extremely poor circumstances, moved about continually and at times lived in a tent. It was thought that the father had had relations with the patient when she was eleven years of age. Soon after this she became a prostitute.

Intellectual Status of Group as a Whole. The mental grades of the thirty-two patients¹ of the hospital who had psychological examinations are shown in the following table:

TABLE III

Mental Ages	No. of Patients	Per cent
16-20	2	6.2
14-16	5	15.7
12-14	9	28.1
10-12	9	28.1
7-10	7	21.9

According to the original classification used by Terman, two might be considered in the superior adult group, five in the normal adult, nine in the dull normal, while nine were border-line cases and seven were of low moron grade.

The proportion of feeble-minded among our patients is somewhat smaller than in the group in the main institution. Defective types were purposely excluded in our selection of cases, unless they presented neuropathic or psychopathic symptoms. The problem of the feeble-minded was thought to comprise a somewhat different field from that which we had undertaken to study. Besides the seven patients who showed marked intellectual defect, nine more showed an inferior intelligence which fitted them inadequately to cope with the problems of

¹ There was no opportunity to give a mental test to one of our thirty-three cases.

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their environment which had usually been unfavorable. Eight out of our eleven workers, or 72.8 per cent, were defective mentally.

Comparison of Hospital Group with Other Groups. In a Study of Women Delinquents in New York State by the laboratory staff at Bedford Hills a comparison is made of 420 delinquent women representing five different groups in various institutions and 650 white men born in English speaking countries, who were given mental tests in the army.

In the table which follows, the mental status of these two groups as found in the Laboratory Study is compared with the hospital group.

TABLE IV

COMPARISON OF THE MENTAL CAPACITY OF THREE GROUPS AS
MEASURED BY STANFORD-BINET

Mental Age	Army Group	Delinquent Women	Psychopathic Delinquent Women
19-20	.8	.2	.0
18-19	5.2	.4	3.2
17-18	7.2	1.0	3.2
16-17	8.3	2.2	.0
15-16	9.6	6.0	12.5
14-15	11.8	6.7	3.2
13-14	10.6	10.5	15.5
12-13	12.4	13.9	12.5
11-12	10.6	17.0	6.2
10-11	10.1	19.9	21.8
9-10	9.5	13.4	12.5
8-9	3.4	6.7	6.2
7-8	.2	1.3	3.2
6-7	.3	.7	.0
5-6	.2	.0	.0
Total	100.0	100.0	100.0
Number of cases	653	447	32
Mean	13.4	11.8	11.8

The average mentality of the two delinquent groups does not vary, the mean of each group being 11.8 years.

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Both, however, are lower than that of the army group of which the mean is 13.4. This particular army group, however, may be expected to be higher, since it contained neither foreign born, as our group did, nor negroes.

From these figures it will be seen that the group of psychopathic delinquents which we studied contained, besides emotional instability and anti-social make-ups, much mental defect and mental inferiority, although it also included a larger proportion of mentalities of the superior adult type than are found usually in groups of delinquent women. This would tend to substantiate the belief that the "defective delinquents" as a class include individuals with superior as well as inferior intellectual capacity.

If we take the two arbitrary dividing lines already used in the laboratory study and consider "the percentages of the three groups falling (1) below ten years mental age and (2) above fifteen years," we have the following results:

	Below 10 yrs. Mental Age	Above 15 yrs. Mental Age
Psychopathic Delinquent Group.....	21.8 per cent	18.7 per cent
General Delinquent Group.....	22.1 " "	3.8 " "
Army Group	13.6 " "	21.5 " "

It is interesting to note that below the age of ten our group differed little from the larger delinquent group (21.8 per cent as compared with 22.1 per cent), although both had a larger number than did the army group which showed but 13.6 per cent.

The proportion of our patients having a mental age above fifteen years (18.7 per cent) was nearly five times as large as the corresponding number in the general de-

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linquent group (3.8 per cent), but still less than that found in the army group (21.5 per cent).

As a result of the many tests which are being made on groups of various kinds, there is a realization that mental defect, although found to such an extent among delinquents, is not necessarily of primary importance as an etiologic factor since so many of the non-delinquent classes are found to have a low intellectual status. We are also being told much of the "good feeble-minded." For this reason the mental defect described here is considered but one of the many factors in the personal equation of each individual rather than of fundamental importance in itself.

Educational Status of the Group. The poor educational attainments of women of the reformatory type is well known, their inferior intelligence as well as the economic pressure in their homes being influential in discouraging the prolongation of their school period. The grades finished by our patients were somewhat higher than those finished by members of the larger delinquent group, the mean of the former being 6.20 and of the latter 4.63.¹ Furthermore, our group had spent somewhat longer at school, our average being 7.2 years as compared with their 6.91. (See Table V.) This would seem to show that because of the higher intellectual capacity of our group they reached higher grades in fewer years. Our group was markedly superior in the upper classes reached since 9.3 per cent were in high school while only 2.5 per cent of the larger group reached these classes.

¹ Study of Women Delinquents in New York, p. 281. Table 93.

TABLE V

Comparison between Grade Finished in School and Number of Years in School

		Grade Finished																
		0	1	2	3	4	5	6	7	8	9	10	11	12	*	Total		
NUMBER OF YEARS IN SCHOOL	14																0	
	13																0	
	12													1			1	
	11												1				1	
	10																0	
	9										2						2	
	8					1			1	1	2	1					6	
	7				1	2	3	2	2	1	2						13	
	6			1	1	1	2										5	
	5				1												1	
	4																0	
	3																0	
	2		1														1	
	1																0	
	0	2															2	
Total		2	1	1	3	4	5	2	3	2	6	1	1	1			32	

Average Grade finished in school 6.2%
 Average Number of years in school 7.2%

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If we take arbitrary dividing lines such as below the fifth and above the sixth grade, we find that in the first class there were fewer in our group than in the larger one and in the second class (above the sixth grade) there were nearly twice as many (43.7 per cent) in our group as in theirs (23.3 per cent). This would show that we were dealing with a higher educational achievement, while in the main group there was a tendency to mediocrity, especially as expressed by the sixth grade which was the grade reached by their greatest number as compared with the ninth grade which was reached by our greatest number.

	Below 5th grade	Above 6th grade
Psychopathic delinquent women.....	34.3 per cent	43.7 per cent
Delinquent women	47.7 " "	23.3 " "

Nervous and Mental Conditions as Etiologic Factors. There were, of course, as will be seen by the conditions described in Chapter IX, many nervous and mental deviations which, whatever their etiology may have been, furnished a basis for emotional instability and which resulted in the many unconstructive mechanisms and the traits of personality already described. Chorea in four cases and especially in two had undoubtedly been a factor which had interfered with social equilibrium. In two cases there was congenital syphilis, while in one there was a beginning paresis. It would be hard to trace the influence of physical factors such as defects of vision and hearing, or obscure sources of infection which might have interfered with general nutrition and energy in childhood or in later years.

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Glandular Imbalance as a Factor. Nineteen cases out of forty-three showed evidence of glandular imbalance, such as disproportion in physical development, enlarged thyroid, dry scaly skin with coarse hair, disturbances of menstruation and a history of migraine, as well as many other minor symptoms which suggested endocrine conditions, such as spaced, crowded, and irregular teeth, hyperextension of joints, enuresis, abnormalities in facial characteristics, etc. Six of the hospital cases showed slight enlargement of the thyroid, while at least six gave evidence of dispituitary traits. No particular type of glandular therapy, however, was carried out with these cases. With greater knowledge of such conditions than was possessed at the time, such a reformatory group should yield gratifying results as endocrine studies.

It is of interest to note that with the exception of gonorrhea and syphilis and the neurologic and endocrine symptoms already mentioned there were surprisingly few organic conditions found. The most important among these were two cases of chronic endocarditis which, however, were well compensated and three cases of latent tuberculosis. The condition of the teeth was of course poor. This was cared for in each instance as has already been stated.

Additional Factors. There were many other factors, such as illness in early life during or after which the patient was indulged to excess, the sudden death of parents or poor supervision during early adolescence, influence of undesirable companions cultivated during this same susceptible period, early marriages at eleven, sixteen, and seventeen with unfortunate results, and a sud-

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den throwing off of restraint during adolescence with resulting social abandon; and sometimes a frank entrance into a life of prostitution at the age of eleven or twelve years. The too strict treatment of one parent in combination with too much leniency on the part of the other, resulting in deception and the shielding of the patient from all unpleasant consequences of her behavior, were unfavorable factors which seemed to have great influence.

In individual cases it was possible to trace emotional episodes and attachments occurring in early life that had resulted in a deviation of energy away from desirable channels. The following extract is from a paper ¹ by the writer in which three such cases are described.

"In the lives of each of the three women whom we are to describe, all of whom were arrested for larceny of various kinds, there is a history of much emotional disturbance, with neither an adequate emotional outlet nor a satisfactory adjustment. Each had experienced, over periods varying from seven to sixteen years, an emotional conflict that had been revealed to no one. Associated with much repressed desire, there was in two of the cases a sense of shame, while in the third there was a disappointment in the materialization of the dreams of childhood. In all three there was a total ignorance of sex life, and a fear of knowledge regarding it, which resulted in two cases from the sense of guilt that centered about early emotional experiences. One case was considered subnormal mentally; the other two were classed

¹ Spaulding, Edith R.: Three Cases of Larceny, *Mental Hygiene*, Vol. IV, No. 1, pp. 82-102, January, 1920.

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as belonging to the superior group of normals. All three showed marked immaturity, either in their efforts to make the minor adjustments of everyday life or in their conception of adult problems and responsibilities.

"The three cases represent attempts to compensate for emotional repression, which had been associated with a distressing mental conflict.

"In the first case,¹ there was an internal fermentation, which bubbled over in a destructive way when the patient, because of an unusual strain in her environment that made her past more oppressive than usual, was unable to obtain an emotional outlet and feeling of compensation through her religion. Had it not been for her mental conflict during sixteen years, she would not, we believe, have become delinquent in the eyes of the law. There seems little probability now of her delinquency being repeated. That she chose the outlet she did, that of cutting a hand bag from a woman's wrist in a department store, instead of other possible ones apparently resulted from the fact that this particular act typified to her the worst thing she could do and represented an attempt to win back favor and effect a reconciliation with God. The sex avenues were blocked on account of her fear and sense of shame. No associations could be ascertained in our brief study to explain why the stealing of a hand bag was to her such a terrible thing. The interesting characteristic of this case was her ready accessibility and her quick response to treatment. Those who have worked and struggled with delinquents of the institutional type

¹ This case was seen in connection with the court and was never sentenced.

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will appreciate finding a patient with whom so much could be accomplished in two interviews.

"In the second case, the actual conflict centered about her married life—that is, her difficulty in adjusting herself to marital conditions and her inability to obtain children by adoption. The reason for suddenly making the decision that launched her into the predicament of her marriage was a conflict with the authority of her father which resulted largely from the unwise training that had allowed her almost supreme mastery during childhood, and from her excessive dependence on her father. When, at the age of eighteen, she suddenly felt her father forcibly exercising his authority, the situation was intolerable to her and she took the quickest way out, regardless of consequences. Her inability to become reconciled eventually to her husband resulted partly from her day dream habits, which had prevented her from making satisfactory contacts with reality, and partly from rebuffs that her emotions had had at various times in her development which prevented them from seeking expression in an adult way and repressed them to a lower level in a filial relationship with her father that had become wholly satisfying to her up to the time of his business reverses, and with which she had made up her mind to content herself throughout her whole life.

"In the third case, as in the first, emotions had been aroused at an early age in such a way that there was a strong association of shame about everything even remotely connected with the sexual sphere which had in consequence been repressed. The energy that had been repressed as a result of the conflict had expressed itself

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anti-socially in several ways, one of which was stealing. The outlets that she chose seemed to furnish her in some way with what we have called an illusion of compensation. Whether or not the early stealing from the mother was a factor in directing the energy that was seeking vicarious outlet, it was not possible to determine in the limited time remaining after the conscious emotional levels were reached.

"In all three cases, had the mental life been accessible to wise guidance at an earlier period, the delinquent behavior might have been prevented. While the court clinic and the institution laboratory can do much to reconstruct the reeducable delinquent, the real opportunity for constructive work is in the community, where a knowledge of the principles of mental hygiene can be spread abroad through the education of the public *en masse* and through individual contact, so that, among other things, mental conflicts and social maladjustments may be recognized and treated before they cause lawless conduct and mental abnormalities."

Lack of Mental Hygiene in Early Childhood. We should like to add an etiologic factor to those already mentioned. From the histories obtained it has seemed to us to outweigh every other, except, perhaps, the poor intelligence and ignorance found in the parents, although it may be considered to be indirectly a result of these. This is the poor training that each individual received in what might be considered principles of mental hygiene. While many of our patients gave a history of being difficult and unmanageable children, little wisdom had been displayed in helping them to face difficult situa-

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tions, compensate for their inferiorities or direct their usually superabundant energy into desirable channels. The chances are better, in most instances, of compensating for defective inheritance through early training than of relying on the background of a good inheritance to offset the disadvantages of a poor training. The result of the neglect of the principles of mental hygiene in childhood was to get, in the adult, the character make-up of a child who insisted on having each whim gratified, irrespective of any illegality in the means utilized or inconvenience to the persons who appeared to them to be temporary obstacles to its attainment. Because of the habit of utilizing since childhood the way of least effort, no strength of resistance, power of inhibition, or condition of balance had been cultivated, and the individuals were more poorly equipped than ever to cope with their social problems.

Summary of Etiologic Factors. Briefly stated, each case presented a network of causes and effects, mental, physical, and social, interwoven and interactive, in which there had been ultimately formulated social maladjustments which expressed themselves in antisocial behavior. Generally speaking, however, there was evidence of such factors as emotional instability, lack of training, poor environment, poor heredity, and poor attitude toward life's responsibilities and worthwhile interests, all of which had resulted in inferior and destructive habits of thought and conduct.

CHAPTER XI

INTRICACIES OF PROBLEM

Need of a Stable Hospital Atmosphere as Background for Treatment. While the purpose of our hospital was the study and treatment of the emotionally unstable types found in the reformatory population, together with those problematic cases which showed primarily some conduct disorder, still the greatest difficulty encountered was finding an atmospheric level in which it would be socially possible for such a varied group of patients to live while such study and treatment were in progress. In order to institute a program which will stimulate the deficient power of adjustment of such patients as these, there must be created an atmosphere in which adjustments are not too difficult and toward the maintenance of which the patients can themselves contribute.

Although every school, office, institution, hospital, or organization of any kind has an atmospheric standard of its own which its employees, or patients are expected to help maintain, still there is probably no group to be found in which, because there are represented such a variety of types and such exaggerated forms of specific types, a uniformity of standard is so difficult to formulate. Not only does almost every case represent in its entirety a combination of factors that cannot be described by one,

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two, and oftentimes by three diagnoses, but the predominating characteristics are as varied as the number of patients and the personalities represented often reach the extreme possibility of expression along various unconstructive lines. Especially when the number includes the cases of marked antisocial behavior that do not show mental defect or emotional instability as contributory factors, it becomes almost impossible to establish an atmospheric level in which to obtain satisfactory results.

Aside from the various types represented that are described in detail in Chapter IX, it may be well to enumerate a few of the individual factors that were found to complicate the picture.

Various Complicating Factors Found in Personality Make-ups. Oftentimes, instead of a defective intelligence, there was a good intellectual capacity that for years had been utilized in devising and carrying out destructive acts. There was almost always inadequate emotional control and a freedom from advantageous inhibitions which resulted in behavior that reminded one of the earlier stages of childhood, especially when the ego has been allowed to find outlet in a wholly untrammelled and undirected way. Added to this, in many instances, there was an emotional make-up that suggested the force and abandon of primitive races. There had frequently been much experience of a worldly nature that had opened the possibilities of expression in exciting emotional channels but had avoided anything involving responsibility, obligation, or the irksomeness of continued or even periodic work. Furthermore, there was not infrequently found a constitutional physical inferiority or indefinite physical

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defect, such as lack of glandular balance, a cardiac condition, or a pelvic infection that made it necessary to limit the work chosen and sometimes narrowed its possibilities to the sedentary occupations that were not only distinctly distasteful, since they were considered too confining, but often even out of the range of consideration from the patient's point of view.

There were, of course, cases of mental abnormality which would have presented far less difficulty in treatment had they been placed with others of their own type rather than with such a heterogeneous group. For, while a policy of tolerance must necessarily be maintained in a mental hospital toward each quarrelsome act resulting from a mental condition for which the patient cannot be held responsible, in a hospital like ours a single insignificant situation that is not satisfactorily dealt with at the time may result in the loss of equilibrium of the entire group, with the result that each patient suffers and is set back materially in the process of reëducation. For again we must point out that there is here a high degree of group suggestibility, a strong instinct of the herd, oftentimes expressing itself against authority and quite as frequently against or for another member, or members, of the group.

With the mental and physical inferiority that is present to a large degree in the reformatory types in general, there are oftentimes cases whose greatest defect is merely immaturity of make-up. This is evident in the group of girls of but seventeen years who have simply been wayward and have not had the delinquent careers that the older women of more pronounced criminal type have

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had. These girls deserve consideration in any scheme that may be planned, and even though they may necessarily suffer by being brought in contact with the other types, it is desirable to protect them as much as possible from profanity, obscenity, and expression of sex matters that hitherto had been unfamiliar to them.

Difficulties Resulting from Previous Contacts with the Law. In their reactions a very large proportion of the women in our group had been influenced by their experiences in other institutions or by their various contacts with the law and the courts. These previous experiences were undoubtedly the outgrowth of their unfortunate personality make-ups but in turn these contacts or environments frequently served to strengthen habits already formed. As a rule the result had been to increase their feelings of social injustice and resentment against control.

Out of the forty-four cases studied only eight or eighteen per cent had never been in court previous to the present conviction. Eighteen had been inmates of private institutions which care for delinquent girls and women. Nine had been inmates of state institutions. Sixteen had been under supervision on probation or parole. Previous arrests ranged all the way from none to nine. Tables (see end of book), show the record of each and the number who had more than one of these experiences. There is no reason to doubt that probation officers, institution workers, and parole officials all worked conscientiously with these women. If in any instances their failure was through lack of understanding they can hardly be blamed for it. But there is little doubt that

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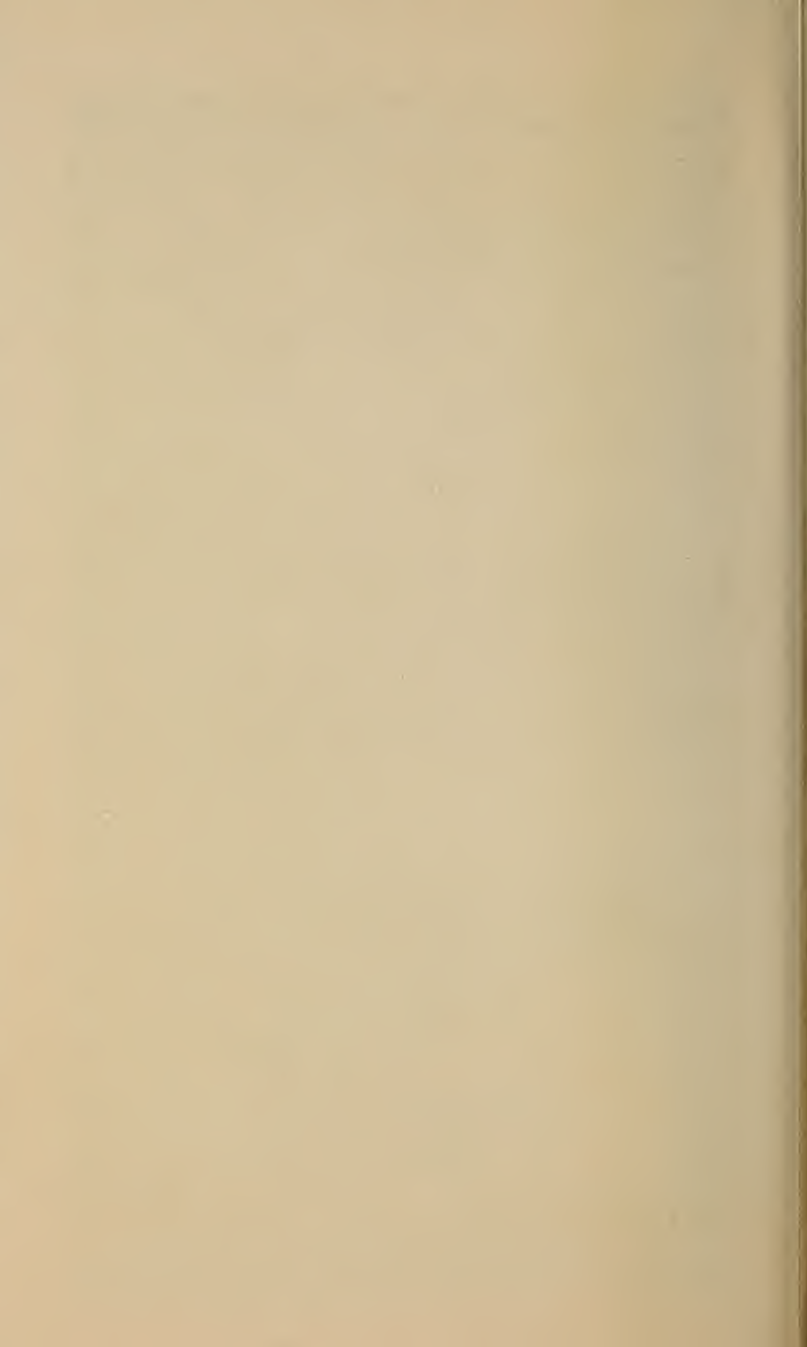
these contacts and experiences added to the difficulties of dealing with the group.

What is to be Gained by Too Great Leniency? In finding the most desirable social level for such a group, shall we take the attitude that "these poor women" represent so many intellectual, emotional, and social handicaps that one would hardly expect them to conform to rules of any kind or accomplish any work? That it is far better to allow them to seek their own level? That if they prefer not to work, their preferences should be humored? That if they are in the habit of swearing as easily and as frequently as they breathe, they should not now be expected to do otherwise? That with a sufficient amount of kindness and the good example of the officers and nurses they may lose the desire to use such language? That it is unwise to curb or repress any emotions they may wish to express? If all these things were necessary or in any way beneficial, such an attitude would seem a desirable one to assume. But through it much is to be lost and nothing is to be gained.

What is Gained by the Other Extreme? The Happy Mean. On the other hand there is quite as little to be gained by the method used by some reformatory matrons of the old school who scream their commands at the women and rule them with a rod of iron combining an autocratic attitude with extreme vulgarity. There are, however, many conscientious women of splendid character who have spent the best years of their lives in reformatories, working with the most difficult types of delinquent women. These matrons can teach us all much about the successful treatment of such types and in turn



FOLK DANCING ON THE PORCH.



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are anxious to learn from us the theories that help to explain antisocial behavior. They use patience, tact, and a sense of humor, without which last characteristic they never could have lived through the tension of the years. They have a genuine fondness for and interest in the women but understand thoroughly their capacity for troublesome behavior, appreciate the need of eternal vigilance, and are not over sentimental in their approach to the problem. Above all, they appreciate the need of meeting situations as they arise and of not allowing the morale of the group to be upset by a single member even though hours of patient work are necessary to change that member's attitude and make her face the situation in question.

Patients' Fear of "Mental Treatment." One of the greatest obstacles to be faced was the prejudice with which the women regarded anything approaching "mental treatment." The thought of prison has few terrors for such women compared with that of a hospital for the insane. Strange as it may seem, it took about a year to live down the impression with which they came to us that the hospital was a "crazy house" and the patients a "bunch of nuts." It was a matter of months before the confidence of the group in this respect could be won. The newcomers arriving in tears told of having heard fearful tales of their "brains being operated on." They felt that coming to the hospital was the worst punishment conceivable and that they were permanently disgraced in the eyes of their companions in the main institution. They felt, too, that the step might eventually lead them to Matteawan and this they feared very much. The alert-

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ness and suspicion that had previously put them on guard against the police force and the law was now directed toward everything in any way resembling "mental treatment." The fact that notes were being made by the nurses of their conduct, a fact that it was impossible to keep from their cognizance, was unbearable to them and they even resented histories being taken in any form. Oftentimes it was only after the patients had been able to compare the advantages of the hospital with those of the main institution, by being transferred to the latter, that they began to appreciate their individual opportunities. In more recent interviews with patients who have been paroled there has always been expressed voluntarily the greatest possible appreciation for the opportunities that were given them as well as chagrin for their lack of appreciation and coöperation at the time.

Difficulty in Getting Adequate Staff. As was true of all institutional administration at the time when the hospital was in operation, great difficulty was experienced in getting an adequate staff. Furthermore, our requirements were rather unusual and the type of work not inviting. Many nurses who had had, besides their general training, special work with mental cases were not equipped physically nor were they willing to work in a hospital where they might be called upon at any minute to separate women who were fighting with the viciousness that these women were capable of exhibiting. Many women who might have done well as teachers and as matrons felt the same way. Usually in a reformatory some man is available to help when the women become violent and assaultive. While this introduces an element

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that may cause antagonism, it makes it possible to employ a type of women who would be invaluable from a mental or a social standpoint.

Combination of Nurses and Matrons Desirable. As has already been pointed out, we were fortunate in having nurses who had much training in the treatment of mental cases, as well as matrons who had had invaluable experience and success in dealing for many years with delinquent women. It was of the greatest help to have such a combination as this, for since the two groups were in the habit of approaching problems from a somewhat different angle, the number of resources in any given case were doubled and oftentimes when one approach failed quite another kind succeeded.

The nurse who had been dealing with mental cases did not usually realize the inflammability of our patients and it was often difficult to make her appreciate the importance of quieting the loud laugh and undue talking and gossiping during working hours or of insisting on courtesy among the patients. On the other hand, the reformatory matron who realized the need of a certain level of control and who maintained this by paying attention to the details, did not always appreciate the true causes of the abnormal conduct. It is true that because their points of view were at variance, there resulted some difficulty in getting coöperation between them. A similar condition is described in certain hospitals for the insane when trained nurses without mental experience were first introduced to work with the attendants. It was not an insurmountable difficulty in either instance, however, and the combination proved distinctly ad-

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vantageous, especially when the province of each could be definitely outlined. As can be imagined, a superlative amount of tact and great strength of personality were required in both. Moreover, the necessity of being on the watch each moment of the day to abort difficulties before they developed to an uncontrollable degree and meet every situation that arose resulted in a nervous strain that only the strongest constitutions could stand.

Value of Impersonal Attitude. There was great need of emphasizing an impersonal attitude between the officers and the patients. While much can be gained through individual attention, great danger lurks in the sentimental attachment which may spring up and prove detrimental to the individuals involved or cause jealousy among the others that will disturb the equilibrium of the entire group. Much jealousy very naturally resulted when more time was spent by a physician or by any member of the staff with any one patient. This was inevitable as different patients required varying periods of time, but the upsetting effects could be reduced to a minimum when the attitude maintained was an impersonal one. It was a difficult task to make newcomers, either nurses or matrons, appreciate the importance of this point. There was the same outpouring of sentiment that is only too common in the attitude of the general public, and it was often not until many months had passed and some very unpleasant situations had been experienced that the importance of an impersonal attitude was realized.

Infatuations among the women themselves constitute

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one of the greatest problems of such an institution in the emotional upsets they cause when allowed to reach a crisis. As in schools and colleges, these situations can be influenced to some extent by the attitude the persons in authority take in regard to them. Besides this, it is advisable when possible to break up such friendships before they reach a climax by removing one of the girls to another cottage. Eternal vigilance is also necessary in preventing too close association. It is difficult to describe the emotional upsets that arise when such relationships become too intense.

One of our greatest difficulties was in demonstrating our problem to the visitors who came to inspect the hospital. In the short time that they could devote to the question it was impossible to give them an adequate idea of the problem involved. They appeared to come with a preconceived idea of the entire situation which apparently was not greatly altered by their visit to the hospital. They frequently felt that we were either too harsh and repressive or too lenient and theoretic. Their impressions of the place must have been as unsatisfactory as those obtained by the visitors who come to our country from foreign lands and who, after a visit of three weeks, during which period they tour the country from coast to coast visiting the principal cities, write a book on the subject of America. It requires at least a year's association with the problem to obtain a true appreciation of its intricacies.

CHAPTER XII

THE COST OF THE PSYCHOPATHIC HOSPITAL

We are indebted to Miss Mary A. Clark, Statistician of the Laboratory of Social Hygiene, for the financial report that follows.

A brief summary of the expenses incurred while the psychopathic hospital was in operation is presented in tabular form below. It has been deemed advisable to avoid detailed analysis of expenditures because of the very great instability of prices due to the war conditions which prevailed during the entire time the hospital was open. Even if prices had been stable, the hospital was maintained with a full quota of patients for hardly long enough to establish reliable standards for purposes of comparison.

It will be noted that in this summary there are no references to such items as taxes, interest on investment, and general property expenses. These expenditures were carried by the Bureau of Social Hygiene for the entire plant of which the hospital was a part. Similarly, the expenses of psychological and sociological investigations are not mentioned because these investigations were a part of the larger investigation of all women committed to the reformatory carried on by the Laboratory of Social

The Cost of the Psychopathic Hospital

Hygiene. Such general expenditures would naturally be carried by any completely equipped institution to which a psychopathic hospital might be added.

In considering the expenditures for maintenance, it is important to bear in mind the fact that the State provided for the patients the same general maintenance as would have been provided had they been living in the reformatory cottages. The main items for which the State bore the expense were clothing, food and a fair proportion of the cost of heating and lighting. The salary of one matron who acted as legal custodian of the patients was also paid by the State. On the other hand, the State was relieved of the expense of providing the extra supervision which would have been required to enforce ordinary discipline among the patients if they had been living in reformatory cottages. There is no way to estimate how much expense of this kind may have been saved by removing our patients from the cottages. Undoubtedly, if this saving could be estimated and compared with the hospital expenditures, the cost of hospital treatment would not appear as high as our figures seem to show that it was.

Among the more important items, the following may be indicated: The hospital was built for \$51,870.81. This amount includes all expenditures for alterations made after the hospital was opened. The expenditures for equipment amounted to \$5,964.99. Of this amount, approximately two-thirds was for ordinary household furnishings. The total cost of operating the hospital for twenty-two months was \$29,867.19. During this time forty-four patients were in residence for a total of 9,780

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days. The average daily cost of caring for a patient in the hospital was therefore \$3.054.

SUMMARY OF EXPENDITURES FOR BUILDING, EQUIPMENT AND MAINTENANCE OF THE PSYCHOPATHIC HOSPITAL FROM SEPTEMBER 1, 1916, TO JUNE 30, 1918

1. <i>Building</i>	
Original cost	\$49,231.12
Additions and alterations	2,639.69
	<hr/>
Total expenditures for building.....	\$51,870.81
2. <i>Equipment</i>	
Ordinary household and office equipment..	\$ 3,897.91
Special equipment:	
Hospital and laboratory.....	535.57
Occupational department	664.48
Physical training department, playground, etc.	461.93
Recreation	120.10
Library for staff	285.00
	<hr/>
Total expenditures for equipment....	\$ 5,964.99
3. <i>Maintenance</i>	
Salaries and wages ¹	\$18,006.80
Provisions for staff	4,146.91
Provisions for patients ²	1,015.65
General household expenses—fuel, light, laundry, etc. ³	1,921.92
Office—telephone, traveling expenses, etc.	1,301.99
Ordinary repairs	499.10
Special expenses:	
Hospital and laboratory	2,721.04
Occupational department ⁴	198.41
Recreation, amusements	55.37
	<hr/>
Total expenditures for maintenance..	\$29,867.19

¹ The only wages paid were for one half the time of a man employed to care for furnaces, pump, sewage disposal, etc.

² See page 13. The State furnished, to the hospital the same allowance of food as was given to the other cottages of the reformatory. The provisions added to this allowance cost the hospital an average of ten cents per patient per day.

³ The State provided one half of the coal and paid one half of the cost of lighting.

⁴ In addition to this amount, \$175.31, realized from the sale of articles made by the patients, was spent for supplies. The total cost of supplies for this department therefore was \$373.72.

The Cost of the Psychopathic Hospital

It is a recognized fact that the cost of maintenance of such a heterogeneous, antisocial group of emotionally unstable individuals will be, if adequately treated, much in excess of the cost of maintenance either of ordinary delinquents or of insane patients. The cost, moreover, of an experimental study of our group, naturally would be expected to exceed any non-experimental *per capita* cost which may subsequently be used as a standard for their maintenance by the State.

CHAPTER XIII

CONCLUSIONS

Solution of the Problem. The treatment and reconstruction of psychopathic delinquent women in a single concentrated group will probably remain one of the most difficult of human problems, since it includes for its solution therapeutic, educational, social, and disciplinary treatment in proportions which vary with the special needs of each case. The time has come, however, when the shifting of responsibility regarding the psychopathic delinquent should cease and everyone who can should take up his share of the burden which promises to be a heavy one for many years to come. For the solution of the problem will be attained only when everyone is willing to put a shoulder to the wheel and do his part. They are a too varied and heterogeneous group of individuals to be herded together and treated successfully. They represent too many situations: mental, educational and social, segregable and non-segregable. The line of demarcation of the group is too indistinct and the nature of its constituent parts too elastic for a single educational, social or legislative procedure. In the first place, comparatively few are intellectually deficient, as judged by standard scales for such measurement. In the second place, only a small proportion are committable to hos-

Conclusions

pitals for the insane and often when it is possible to commit them, it is for a short period only; they do not correspond in general to the accepted classifications of mental disease. Furthermore, it is probably not possible, even were it desirable, which seems somewhat questionable, to apply a truly indeterminate sentence to this group that would impose the equivalent of a life sentence, in supervision at least. Those who do well in after years often do so because of the incentive of freedom which they are able to attain through their own efforts. Simply the idea of continual supervision might thwart the success attained in this way.

Although it is of the greatest help in institutions to have these persons removed from the main population and transferred to a concentrated individual group it is still questionable whether such personalities can in this way obtain the greatest benefit, or whether a sufficient number of adequately trained persons will be found who will be willing and able to endure the strain which the treatment of such a group as this entails.

Special Recommendations. Because of the various conditions represented in the different types that are included in this group, the following plan of distribution is suggested, which will lessen the difficulties of the reformatories and their more educable groups and distribute a share of the general burden to those to whom it rightfully belongs.

1. First, the community will always have to maintain its share of the responsibility in struggling with these individuals before it becomes necessary to send them to custodial or reformatory institutions, as well as when

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they are able again to assume some responsibility in the outside world. The difficulties of their adjustment are great, but in no other way than this can they make the same progress in assuming the responsibilities of life.

2. Second, those with intellectual defect sufficient to make them committable should be sent to schools for the feeble-minded where special provision should be made for them. This will require a willingness on the part of the superintendents of such institutions to undertake the burden, which will never be an easy one. While it is doubtless true that these women, when scattered through a feeble-minded institution, have a disrupting and demoralizing influence, still the background of amenability of the more stable group is frequently the one factor which makes it possible for them to maintain any kind of equilibrium.

3. Those with mental deviation sufficient to make them committable should be sent to hospitals for the insane where they may be cared for at least during their disturbed periods. It will, of course, be possible for such patients to be paroled from these institutions as well as from the schools for the feeble-minded, whenever their condition seems to warrant it. The difficulty in the past has been, however, that because of the great problem in management that they present they have been granted parole at an early date and the burden of their control has been shifted back onto the community disastrously soon.

4. There will always be those whom it is not possible to commit to either of these other institutions during their reformatory sentence. Many of these will stand



GIRL'S BED-ROOM.



Conclusions

out in the reformatory population as distinct misfits who will continually handicap the progress of the others. For these as well as for those who are intellectually defective and for some reason not committable to a feeble-minded school, a special institution under the reformatory system should be provided. The more amenable defectives would provide a somewhat stable medium, as in the institution for the feeble-minded, into which it would be possible to inject the inflammability of the psychopath, causing a more attenuated strain of excitability than a pure culture of their personalities would produce. From this institution it would then be possible to transfer to either hospitals for the insane or schools for the feeble-minded should occasion demand.

5. There will be a large number of women who make fair adjustment in the various reformatories much of the time and have only occasional episodes of an emotional nature. For these, special provision should be made in each reformatory during the episodal attack. Such conditions would not necessitate a transfer as they are but too common occurrences throughout the entire reformatory population and will always constitute one of the greatest problems of reconstruction. It is suggested that instead of managing even a small number of these women in a family group, provision be made for the maintenance of even smaller groups with, however, the same facilities offered all. In this way it will be possible to change temporarily the personnel of the group when certain members become too infatuated with each other, too antagonistic, or even too greatly irri-

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tated by each other's proximity to make it possible to maintain any kind of social equilibrium.

If such recommendations are carried out and the burden accepted in its various aspects, some progress would at last be made in the solution of the entire problem. With the attitude that is only too common at present, of shifting the responsibility of its difficulties, little progress can be expected.

Field of Prevention. The field of prevention looms large before us and may be considered analogous to that of mental hygiene, for there are few phases of mental hygiene which are not involved in this problem and few of the problems of these women which mental hygiene cannot help to solve. The most important thing to remember, however, is that the processes of adjustment and reëducation must begin in childhood, or, better still, with the parents. In order to accomplish this, much education is needed among all classes.

As aids to such procedure, we advocate, first, an increased number of public lectures on the subject in general. Few parents of any social or economic level appreciate the simple principles which underlie the constructive utilization of energy in their children. Second, there should be intensive examination and continued observation and treatment of all school children who show evidences of nervousness or social maladjustment of any kind. There are already special classes for the defectives. It should be considered equally important and much more valuable to give in every community special attention to the nervous and maladjusted. And, third, there are needed greater numbers of well-trained

Conclusions

psychiatric social workers, to aid the psychiatrist in his treatment of conduct disorders and mental abnormalities.

The schools for psychiatric social work already established in Northampton, New York, Philadelphia and Chicago signify marked progress in the field of mental hygiene, and represent stepping stones toward the accomplishment of much valuable preventive work in the field of delinquency.

General Prognosis. The prognosis in general of such cases as those which have been described in this book is not encouraging, although some have made great improvement and have, as far as it can be ascertained, become fairly good citizens, with cessation of their anti-social conduct and with better general social adjustment. The four years that have elapsed since the hospital closed is, however, far too short a time to signify success or failure. Furthermore, there is always the question of degree. Any improvement whatever in personality make-up coupled with a record of no illegal acts should be counted a great gain, since few individuals with whom we come in contact, would be expected to relinquish many of their idiosyncrasies and habit formations after twenty-five, an age which many of our patients had already reached. In watching those psychopathic delinquents, with whom we have kept in touch over a period of eight years, there has been found in cases with good mentality and a will to behave, a capacity for social adjustment that is both surprising and out of all proportion to the temptations experienced.

The need is great for further study of psychopathic delinquents from every point of view, social, mental and

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physical, and the problem of their care and treatment in a single concentrated group is still unsolved. It is hoped that the experiment which has here been described in detail will be of help to others who are interested in the same field of human conduct.

PART II

PART II

CASE HISTORIES

CASE No. I.

Delilah R., a colored woman of thirty, a widow, was committed to the reformatory on the charge of petit larceny.

She was admitted to the hospital a few months later as a cook, in which capacity she remained four months and was then discharged because of the poor quality of her work and her uncoöperative and aggressive attitude.

Little was known of her family except that her father and mother separated when Delilah was a child. The father came to New York, and her mother, who was the more provident of the two, remained in the South and supported her children on the farm.

Delilah, the oldest of six children, was born in the South. As the oldest in the family more responsibility in work about the farm and in the care of the children was given her, and she consequently received little schooling. After her father left home she not only helped on the farm but did all the housework in addition. At twenty years of age she came North to her father, where she remained two years and then returned South. Shortly after this, Delilah married and came again to

Psychopathic Delinquent Women

New York City. A child was born, but Delilah never assumed the responsibility of its care, sending it home to her mother, where it was living when Delilah was committed to the reformatory. A second child was born the next year, which died when ten months old, and later there were two miscarriages. About four years after her marriage, her husband died and she supported herself at housework.

Delilah had many different positions covering a period of about five years. In all positions she was considered fairly efficient and agreeable, and in only one was she accused of dishonesty. She was never thought to be immoral and there was but one man with whom she was friendly. He owned a small store and Delilah worked for him in the evening.

While at her last place a friend asked Delilah to lend her a dollar. Not having the dollar to lend, she allowed her friend to pawn a portière belonging to her employer. When the girl neglected to return the portière or the pawn ticket within a reasonable time, Delilah became worried and, fearing exposure, took other articles from the apartment, believing that the loss would be attributed to burglars.

A few hours after Delilah left the apartment a fire started which, some days later, Delilah was accused by her employers of setting. According to the fire chief, however, there was little probability of her having done it. She was arrested and sentenced to Bedford on the charge of larceny, after her room had been searched by the police and many articles belonging to her employer found.

Case Histories

The physical examination showed a fairly well developed colored woman, with no marked anomalies with the exception of flat foot and small attached ear lobules. The Wassermann test was negative, but there was present a chronic gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, Delilah graded 8 years and 8 months, which gave her an intelligence quotient of .55. An the Yerkes-Bridges point scale she received 57 points which made her coefficient of mental ability .64. She tested below the median of reformatory girls and was distinctly of moron grade.

She was a fairly efficient cook, but became so superior, boastful, and aggressive that it was necessary to return her to the institution. She was untruthful and dishonest, careless and inaccurate, and resentful of correction. She was unpopular with the other girls because of her superior attitude, her quarrelsomeness, and her irritability. She preferred to remain in her room and read her Bible rather than join in the social activities of the group.

In general, she showed poor judgment and much suggestibility. She was underactive, apathetic, and egotistical, but at times was quick-tempered and combative. She was sometimes sullen and often reticent. She showed poor effort in work, little endurance, and little ability to learn by experience.

Summary. Besides the limitations of Delilah's mental defect, she presented rather marked difficulties in her personality make-up, which were expressed by her air of superiority and sanctimony together with much ag-

Psychopathic Delinquent Women

gressiveness. Behind these characteristics were dishonesty and untruthfulness. Delilah spent much time in her room reading her Bible, preferring this to what she considered the boisterous social activities of the other girls.

Such a personality as Delilah had, proved an unnecessary difficulty in the hospital. Had she been a patient we should not have felt obliged to hold her to the degree of responsibility which seemed necessary in the hospital cook. Because of her constant dissatisfaction with the way in which her room was cared for, one after another of the girls refused to undertake the task. Since it was customary to relieve the cook by having this work done for her, one of our highly paid nurses was asked to attend to it. Delilah poured forth such a torrent of abuse at what she considered the nurse's neglect that we had difficulty in persuading the nurse to remain with us.

In the routine of the main institution, however, Delilah did fairly well, and it is probable that even though there should be petty thieving in the future, there would not be sufficient cause for further arrests.

September, 1922. Delilah was married nearly two years ago and has kept house for her husband in a suburb of New York ever since. She is apparently well and contented and, as far as can be ascertained, has not again come in contact with the courts.

Case Histories

CASE No. 2

Tilly J., a defective, epileptic, married woman, twenty-nine years of age, was committed to the reformatory on the charge of attempted perjury.

She was admitted to the hospital two months later as a worker, in which capacity she remained nearly a year, but was ultimately discharged since she proved so unsatisfactory.

There was little known definitely of the health of her family, but their moral and ethical standards were known to have been poor. Her mother was a coarse, ignorant woman of doubtful reputation, who exercised inadequate supervision over her family.

Tilly was born in New York City, where she attended parochial school for a few years, leaving in the third grade at the age of eleven. She remained at home for a short time, as her mother was ill, and then began work in a paper box factory, earning \$2.50 weekly. During the next four years Tilly was employed irregularly at unskilled work and her associates were all of poor reputation. At fifteen she became pregnant by a soldier whom she married later, after an abortion had been performed.

Her husband worked fairly regularly for the first eleven years after marriage, although Tilly stated that he was a heavy drinker. During these years five children were born. Gradually they both drank to a greater degree and the husband was out of work much of the time. Because of the constant complaint, first from Tilly and then from her husband, to the Society for the Preven-

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tion of Cruelty to Children, the case was taken to court. Although some slight adjustments were made at this time, they both continued to drink and their complaints of each other increased with the extent of their drinking. The court finally sentenced the husband for non-support. After his release he enlisted in the army and Tilly did not see him again.

During the next two years Tilly continued her drinking and immorality until the court found it necessary to send three of her five children to a home. A short time later a fourth was sent to a hospital for the treatment of tuberculosis.

Not long after this, Tilly, claiming that her first husband was dead, married a man for whom she had been keeping house. The Society for the Prevention of Cruelty to Children took her to court, where she swore she had never married before. She was then committed to Bedford for attempted perjury.

Physical examination showed a short, obese woman with many stigmata of degeneracy. There was some tremor. The Wassermann test was negative, but there was a gonorrheal infection involving the uterine adnexa.

According to the Stanford Revision of the Binet-Simon scale, Tilly was 9.2 years mentally and she made 62 points on the Yerkes-Bridges point scale. She was below the average of reformatory girls and distinctly a moron. Although illiterate at the time of admission, she learned to write a letter while in the hospital, of which accomplishment she was very proud.

While Tilly was in the hospital she had two attacks, one of which was definitely epileptic in character. Dur-

Case Histories

ing the other she did not lose consciousness, but from her description it probably was an attack of petit mal.

On the whole, Tilly was a poor worker. She knew nothing of housekeeping or of sewing, but she was usually willing, good-natured and pleasant. Occasionally she became obstinate and it was difficult to reason with her. However, a restriction of privileges or diet always sufficed to change her mood and she would become penitent and apologetic. She never showed any deep emotion over her separation from her children or any realization of the fact that she had been sent to a reformatory. Instead, she seemed quite satisfied to remain in the institution. Because of the poor quality of her work it was finally necessary to return her to the main building.

Tilly was of the underactive type, but loquacious and over-confidential. She showed some variability, irritability, and aggressiveness at times, but it was superficial and she was never really uncoöperative.

Summary. Tilly was a feeble-minded, epileptic woman who was quite unsuited to care for herself and certainly not fitted to bring five children into the world. Since in her environment she could not be sufficiently protected, she should have had custodial care during the child-bearing period.

The investigation of this case, made September, 1922, is of particular interest since it shows an adjustment made by a feeble-minded epileptic woman. Tilly has been janitress of an apartment house for three years. The rent is free, besides which she is paid \$35 a month. The following is quoted from the investigator's report:

"Her husband is not working and has not been for about a year

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but he does odd jobs for tenants, as do the children. In this way they manage to earn extra money so that the \$35 can be used for insurance, etc. The oldest boy is now about seventeen and is on a ship. The girl, about sixteen, has tuberculosis and is unable to do steady work, but she earns some money helping the tenants. A girl, about fifteen, not at all strong looking, is in 7A in school; and a girl, thirteen, is only in the fourth grade. The next child, a boy, eleven, is in the fifth grade."

CASE NO. 3

Elsie C., an American girl of seventeen and unmarried, was committed to the reformatory on the charge of disorderly conduct.

She was admitted to the hospital three months later where she remained fifteen months as a waitress.

Her father died while she was in the hospital. He was a stonecutter, alcoholic, an irregular worker, and a poor provider. Her mother was a coarse, ignorant, but hard-working, woman, who showed a normal amount of interest in her children. There were seven children besides Elsie, all doing well with the exception of one brother who had been arrested once in a raid and once for indecent exposure. The family lived for a short time in a small city and later moved to a farm in the country. Here the children were dissatisfied as the home was poor and there were few amusements available.

Elsie was born in New York State and attended school in the country until fourteen, leaving in the seventh grade. She did fairly well in school and no abnormality of conduct was noted until she was sixteen, when she states that she was assaulted.

For two years after leaving school she worked as a

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waitress and in a cigar factory, earning a very small wage. In the winter she remained at home helping her mother, who took in washing. One year before her commitment she began to run away from home, staying a few days at a time. During this period she also associated with undesirable girls, with one of whom she was arrested and placed on probation. During her probationary period her father complained that she with her girl friend had stolen small articles of clothing. Following this they were arrested and committed to Bedford on the original charge of disorderly conduct.

The physical examination showed a rather poorly developed girl who looked older than she actually was. The Wassermann reaction was negative and the complement-fixation test for gonorrhea was doubtful, although the clinical findings were positive.

According to the Stanford Revision of the Binet-Simon scale, Elsie graded ten years and eight months, which gave her an intelligence quotient of .66. On the Yerkes-Bridges point scale she scored 77 points, which made her coefficient of mental ability .88. She was a little above the median for reformatory girls and probably of normal intellectual ability.

During the first month as a helper in the hospital, Elsie had one period, lasting a week, when she was depressed, somewhat retarded, ate little, and expressed the desire to die. Examination revealed that she worried because she feared that her work might be taken from her by another girl who had come to the hospital.

She showed self-pity at all times and made many attempts to rationalize her conduct. She had no insight

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into her own inferiority and seemed rather to consider herself superior to the other girls. Although she made every effort not to disobey openly the hospital rules, she was often overheard talking in an obscene way of her experiences. She repeated many times, monotonously, the same stories. There was marked dearth of ideas and no spontaneity. She did her work fairly well but not rapidly, and showed very little planning ability. In the occupational room her manual dexterity was poor. She preferred to do the same kind of work over and over again, and never learned to make more than one kind of basket.

After fifteen months' residence in the hospital she was returned to the campus, as it was felt that she was in need of a more varied training than it was possible to give at the hospital.

Elsie was of the moderately active adolescent type. She possessed few of the more desirable traits to any degree and at the same time few of the undesirable, excepting immaturity, egotism, and suggestibility. Her intelligence, in all fields excepting judgment and originality, was considered by all the judges to be rather good.

Summary. Elsie showed in her make-up much mediocrity with few positive traits. She seemed to have taken the way of least resistance in a poor environment. On the whole, she appeared the non-resisting, weak-willed type which needs a somewhat protected environment in order to do well. This was provided for her when she left the institution and she has been reported since as doing well.

September, 1922. A letter from Elsie's mother reports

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that after Elsie left Bedford she stayed with her uncle and worked until she married in June, 1922. She is said to have been "a very good girl and very kind to her mother." Letters received from Elsie during this period told of her work and her anticipated marriage. She is said to be very happy.

CASE No. 4

Theresa B., twenty-four years of age, unmarried, of Austrian-Jewish parentage, was committed to the reformatory for grand larceny.

She was a good worker and ambitious until the four years previous to her commitment, during which she had two attacks of depression, showed great variability in her work, and was suspected of committing numerous small larcenies at different places of employment. She was in the hospital nine months as a patient, at the end of which period she was committed to a mental hospital.

Theresa's father died of nephritis and her mother of diabetes. There were ten siblings, of whom the patient was the youngest. The first three died in early childhood, two girls died in a state hospital during attacks of depression, one having also tuberculosis, one married sister was depressed following child-birth, and one brother was alcoholic. The family was always poor and lived in a dirty, crowded tenement house. Two of the brothers had been fairly successful, but there were no strong family bonds and they did not seem to know much of the detail of one another's lives.

Theresa was born in New York City, was always

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well as a child and was a good student. She left school at fifteen and during her school period received two double promotions. There is no history of her having shown any abnormal characteristics at this time. She went to work in an office after leaving school. Although inexperienced, she was considered efficient and her employers in general were pleased with her work. At the age of twenty, she became acquainted with a young man who was a runner in a lawyer's office. They soon became intimate, living together for months at a time. From that time Theresa lost interest in her work and stole from her employers in order to satisfy the demands of the youth for money. They got along well together until the year before Theresa's commitment to the reformatory, when they began to quarrel. Theresa felt that he was tiring of her and he is quoted as having said that she was "crazy." It was also reported at the time that she was pregnant and that the man paid for an abortion.

The two attacks of depression which Theresa had were of short duration and followed the deaths of her mother and sister. The family were at no time in close touch with the patient and knew nothing of her mental condition or of her antisocial acts.

Some months previous to her commitment she was thought to have stolen a diamond ring and other articles from an employer. However, at the time the detectives did not think she was guilty. As time went on, her lover demanded more and more money from her, encouraging her to steal greater amounts, and because she felt that she was losing his affection she was more than ever anxious to comply with his requests. One day she went out

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into the country and under pretense of looking for friends, went into a strange house. While the owner was out of the room, Theresa stole some jewelry and disappeared. When she reached New York City she called the man on the telephone, telling him that she had the articles for him. He then notified detectives who met Theresa at the station and arrested her. She admitted the theft, also that of the diamond ring taken previously, and was subsequently committed to Bedford.

The physical examination was negative, with the exception of a chronic gonorrhea with some involvement of the Fallopian tubes.

Little was known of Theresa's personality make-up previous to her commitment to the reformatory. The two attacks of depression seemed to have been directly precipitated by deaths in the family. She was in the main institution three months before transfer to the hospital, during which time she was considered "very nervous, eccentric, and unstable." She was loquacious and she had a habit of spitting constantly. Her transfer to the hospital was necessitated because of a mildly depressed state during which she believed that her food was being poisoned.

After her transfer, no delusions of any kind were elicited. She was well oriented and she showed no memory defect. She talked in a rambling manner at times, showing some flight of ideas, psychomotor overactivity and elation. Her memory for school knowledge was rather poor, and she showed a very superficial grasp of current events. Her retention of school knowledge was much poorer than would be expected, considering her good

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school record and her ambitiousness during the first years of office work. She was egotistic and at times expressed the thought that she was "picked on" and otherwise discriminated against because of her race. She was untidy about her room and person, usually during her elated periods. While she showed little appreciation of the offense for which she was committed, she had good insight into her mental condition and realized the nature of her two previous attacks of depression, during which she said she had visual hallucinations lasting about two weeks.

According to the Stanford Revision of the Binet-Simon scale, Theresa graded 10.6 years, which gave her an intelligence quotient of .64. On the Yerkes-Bridges point scale she made 75 points, making her coefficient of mental ability .88, which is about the norm for 13 years. She graded above the median for reformatory girls, but showed emotional instability during the examination and also some irregularity.

She was of the overactive type, loquacious, oversocial, and egocentric, easily offended and self-conscious. She had a decided feeling of inferiority, for which she attempted to compensate by marked self-assertion, aggressiveness, defiance and combativeness. The most striking characteristic of her personality was her variability, shown in nearly every trait, except in her pessimistic attitude which was fairly constant. Because of her variability and lack of endurance she was a poor worker, but during her elated periods she had a marked feeling of well-being and ability to accomplish any amount of work. The amount accomplished, however,

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was always small because of her lack of effort and her unwillingness to accept suggestions.

About two months after her admission to the hospital, she had an attack of depression in which she expressed feelings of mental inadequacy and was completely disoriented at times for place, but not for person. She reacted to hallucinations of light and sound, but had some insight into these. She was confused and anxious, and blamed herself for having caused her mother's death. She also stated at this time that she had made a secret marriage with a man of a different religion who was the father of a child about whom her family knew nothing.

After a month there was some improvement, but there were days when Theresa was much depressed and retarded, and a few weeks later she became elated. At this time she also had dreams about her lover and a baby. Her mood changed rapidly from depression, in which she worried about the future, to marked elation. This instability of mood continued for four months and she gradually became profane, abusive, and assaultive, and threatened suicide. A period of excitement then ensued that lasted one month, during which she was transferred to a mental hospital.

Summary. This case represents the manic-depressive type of temperament that is so common among the psychopathic delinquents. Such cases most of the time show emotional instability which is the direct basis of much of their irregular conduct. Although they cannot be considered fully responsible for their behavior, still they do not present a mental condition that is sufficiently pathological to make custodial care possible except dur-

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ing the more marked periods of depression or excitement. Such cases as this require constant observation when outside institutions, and treatment should be commenced and closer supervision resorted to as soon as the initial symptoms of the periodic attacks present themselves. In this way the more serious anti-social behavior can be prevented.

This patient, although she was superior to most of the patients in intelligence, in educational advantages and apparently in ethical judgment, had an even greater handicap in her mental instability.

September, 1922. As a result of the recent investigation, it was learned that Theresa died two years ago of tuberculosis. Her sister stated that she had been very nervous after her return from Bedford and had been sent to a mental hospital, the name of which she could not remember. It was not possible to learn more about this, although her death from tuberculosis in August, 1920, was verified. The informant, whose information was not very reliable, appeared to the investigator to be mentally depressed. She spoke in a low, monotonous voice and avoided looking at the visitor.

The diagnosis at the mental hospital to which Theresa was transferred while at Bedford was manic-depressive psychosis, manic type. She was discharged "recovered."

CASE NO. 5

Lulu S., seventeen years of age, unmarried, of Hungarian parentage, was committed to the reformatory on a charge of having contracted a venereal disease.

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Lulu was an immature, unstable girl of poor intelligence, who had always made an unsatisfactory adjustment at home and at work. She was admitted to the hospital two months after her admission to the institution because of her listlessness, distractibility and instability of mood.

Her father died at the age of fifty-two, having had an attack of hemiplegia ten weeks previously, and is said to have been violently insane some weeks before his death. It was not possible to obtain a definite history of syphilis. Lulu had made the statement at one time that a paternal uncle was insane, but this could not be verified. Her mother was living but was very much incapacitated by rheumatism. Lulu was the youngest of five children who were all successful and had good standards. One sister had tuberculosis when young, but recovered. The mother was alcoholic and another sister was said to be nervous. The family was fairly prosperous and the home surroundings were said to be good.

Lulu was born in New York City, where she attended parochial school until fourteen, leaving in the fifth grade. She went to school very irregularly, played truant often, and was promoted the last year only to please her mother. She had little supervision after her father's death, and from the time she was fourteen she was promiscuous sexually. At the end of her fourteenth year she was sent to a home at her mother's request, where she remained a little over two years, and was discharged at her mother's wish. The head of the home said that Lulu was sullen and seclusive. She did rather well, however, while there, at machine work. After her return home she

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immediately began to associate with girls of bad repute, was promiscuous in her relations with men, stole money from her family, and would not work. She was reported for having a venereal disease when she was seventeen and was committed to Bedford.

The physical examination showed a short, stout girl with many stigmata of degeneracy. The eyes were near together, and there were many carious teeth with defective dentine. The central incisors slightly suggested the Hutchinson type. There was much acne on her face and over her body. The condition found suggested underactivity of the pituitary and thyroid glands. The Wassermann reaction of the blood serum was positive and there were clinical indications of gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, Lulu graded 10.3 years mentally, which gave her an intelligence quotient of .64. In the Yerkes-Bridges scale she received 72 points, which gave her a coefficient of mental ability of .84. She graded as a border-line case intellectually.

She was of the irregularly active type, poorly coördinated, lazy, sullen, and seclusive. Her work was poor, as she was inaccurate, unskilful, had poor endurance, and did not learn from experience. She was defiant, aggressive, and irritable, but was generous and often tried to please, although she was usually unsuccessful.

Lulu had a violent temper which made her difficult if not dangerous to deal with at times. She herself warned us to look out for ourselves when she became enraged, as she was not responsible at such times. She showed poor psychomotor coördination at all times, being so

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clumsy that even when she made attempts to be helpful she often ruined or broke whatever she touched. She became more and more resistive to treatment, would remain in her room in a disheveled condition much of the time, sometimes disappearing under the bed, would talk with no one and became assaultive if disturbed. She was finally transferred to a State hospital where she remained throughout her reformatory sentence. While here the following diagnosis was made: "constitutional psychopathic inferiority, type—excitement." She was then discharged from the hospital and returned home. She obtained work in a retail clothing store, doing the finishing in the dressmaking department. She was seen after she had held this position for some months. At that time she was still obese and unkempt in appearance. She has always suggested endocrine disturbance and there seemed to be a probability that her luetic infection was congenital. She remembered no primary or secondary lesions. She reported, however, that her blood was still positive and she was anxious to continue the treatments that were begun when she was under our care.

Summary. Lulu presents a rather typical case of psychopathic personality with inferior powers of adaptability. There are complicating factors of heredity, environment and training, as well as definite handicaps in the physical condition. She should improve as time goes on, especially with wise supervision and encouragement, as she does not represent a fundamentally delinquent type.

Lulu came to us some time ago in evident distress to borrow some money. Her stories at the time were found not to be dependable, and she was associating with girls

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of a very undesirable sort. Our impression at the end of the visit was that Lulu was not yet the "valuable citizen" we had expected her to become. Nothing further has been heard from her regarding the money borrowed in spite of her many voluntary promises to return it within a week.

September, 1922. When the investigator called at Lulu's mother's apartment, Lulu feared she had come for the money, about which Lulu wished her family to know nothing. The investigator described her as quite stout, well dressed, and very neat, but stated that her color was not healthy and that she "had a queer introspective look in her eye." Lulu had started training as a baby nurse. As she was paid but \$10.00 a month, she found it hard to get on without her mother's help. She hoped to take a regular nursing course after she had earned some money.

CASE No. 6

Mollie P., an Irish girl, unmarried, twenty-three years of age, was committed to the reformatory on the charge of having contracted a venereal disease.

Mollie was an immature girl with a dull, apathetic, and somewhat silly manner, who had shown marked deterioration and character change during the three years previous to commitment to the reformatory. She was admitted to the hospital two months after commitment because of irritability, excitability, untidiness, and feelings of inadequacy.

Mollie's father died of cancer at fifty-five and her

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mother at fifty-two of "rheumatism," after an illness of many years. The patient was the tenth of twelve children, six of whom were living. Six siblings had died, one of cerebro-spinal meningitis at seventeen, one of tuberculosis at twenty-one, one of heart disease at fourteen, two of scarlet fever and one of appendicitis at twenty-one.

Little is known of the home life, except that all the children seemed to have received a fair amount of schooling. The other brothers and sisters had done well, with the exception of one sister who was not very bright and had little ambition, although she worked steadily and had shown no antisocial tendencies.

Mollie was born in Ireland and came to this country when fifteen, after the death of her father and mother. She disliked school, lost promotion several times, and finally left in the fourth grade. According to her sister's report, Mollie was a pleasant, attractive child, disliking work or responsibility of any kind, but showing a great fondness for play. For a short time before coming to the United States she lived with an aunt in Dublin, but did not get along well and was so anxious to come to America that her sister sent her the money. When she first came to this country she made a very good appearance and impressed her employers as being agreeable, intelligent, and a willing worker. After a year in this country the same employment agent, who had first known her, noticed a marked deterioration in her personality. Mollie changed places frequently, finding them too hard or the work unpleasant. She seemed unable to adapt herself to new situations and showed a great dislike for children. During the first two years in this country,

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although she changed her place often, no conduct disorders were noticed. When she was seventeen she became acquainted with some girls who took her to houses of ill-fame. From this time on, she grew more irregular in her work and was untidy and disheveled in her appearance. When she was twenty she was arrested for being disorderly and was committed to a home, where she stayed for one year. While in the home she had an attack of rheumatism and she spoke of having made an attempt to get away from the home by "starving" herself. This, however, was not verified.

After leaving the home, Mollie went to live with one of her sisters, but remained only two weeks. The sister said she could keep her no longer because of her laziness, untidiness, and "peculiarity." She then went to stay with a friend of the family. She was said to be filthy and untidy in her habits, slow in her motions, and was unwilling to go out of the house. She would sit in front of a mirror and comb her hair for hours, or stand motionless looking out of a window. On one occasion she stayed out all night. Different positions were found for her, but the work was usually too hard. Finally, six months after leaving the home, Mollie voluntarily entered it again. She remained five months and on her discharge returned to the same friend. Her condition was worse then than at her previous visit. She was more untidy, reticent, seclusive and irritable, and complained of not feeling strong enough to do any work. She was taken to two or three physicians, but always refused to follow any line of treatment. She took a position, kept it a few days and then went to the Municipal Lodging

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House. Because of her poor physical condition the matron suggested her going to the City Hospital. It was found here that she had gonorrhea and syphilis. As Mollie refused treatment, she was committed to Bedford about two months after her discharge from the City Hospital.

The physical examination showed a fairly well developed girl of medium stature, with poor teeth, tremor of tongue and hands, normal reflexes and a chronic endocarditis well compensated. The Wassermann reaction was positive and there were clinical evidences of gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, Mollie had a mental age of nine years and nine months, which gave her an intelligence quotient of .61. On the Yerkes-Bridges scale she made 69 points, which gave her a coefficient of mental ability of .78. She was very slow in her reactions and needed much encouragement. The results showed what appeared to be mental defect. There was much irregularity and no definite psychological diagnosis was made since the condition was thought to be due, at least in part, to some process of deterioration.

At the time of admission to the institution she was well oriented, but showed poor memory for remote events and especially for dates. She was reticent and indifferent, complained of feeling smothered and was probably hallucinated, although no definite hallucinations were elicited. She giggled frequently throughout the examination with no apparent cause.

Mollie was admitted to the psychopathic hospital as

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soon as it was opened, as she was considered a probable case of dementia præcox. She appeared to be depressed, but on examination no deep emotion was encountered. She complained of feeling blue; but would smile even while talking about it. She was irritable and whined and whimpered at night, and threatened to commit suicide by taking carbolic acid. Although she complained of feeling sick, nothing abnormal was found on physical examination. She frequently repeated, "I am sick, I want to die." She was negativistic, did not comply with the routine of the hospital, and went to the occupation room irregularly. She awakened one morning, screaming, and said that someone was standing over her trying to choke her. She hinted at a "mystery" in her life and spoke often of having "sinned." Nothing further of the mystery could be learned. She was frequently found wandering aimlessly about the hospital, and showed great curiosity about locked doors.

She had no insight into her condition and knew no reason for having been sent to the reformatory. She remained untidy, was irritable, quick-tempered, rude to other patients and nurses, and assaultive. At times she talked about having learned bad things at the home.

She gradually became more obscene, profane, filthy in her habits, and assaultive and destructive. She complained that she was going to die and talked more often about having "sinned." She said she would tell her secrets to no one and expressed the idea that the physicians and patients lied about her, that she was ill-treated and that the other patients were favored. As it was found that she was not receiving benefit from the treatment,

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she was transferred to a mental hospital four months after admission to the hospital.

Not much is known of Mollie's personality make-up previous to the onset of her mental disturbance. The reports vary considerably, some saying that she was pleasant, agreeable, cheerful, and a good worker, and others that she was lazy, indifferent, and seclusive. After coming to this country a gradual deterioration took place, which finally made it necessary to transfer her to the mental hospital. Later on, however, she made such a satisfactory adjustment that she was paroled to live with her sister. It is of interest that this patient could have made an adjustment of any kind in the community.

Summary. It has been our experience that cases of dementia præcox are rare in reformatory populations. The mental cases seen are often of the manic-depressive type, although even these do not present the usual pictures found in mental classifications. In the hospital cases there was but one similar case and even in that case the diagnosis was doubtful. But two other cases were found among the one hundred and fifty-two other women examined. During the writer's residence as physician at the Massachusetts Reformatory at Framingham, such cases were found to be equally rare.

It may be of interest in this connection to state that when the program for a symposium on dementia præcox was being made for the Medico-Psychological Association last year, various persons who had worked with delinquents were asked to write papers on the relation of dementia præcox and delinquency. In the experience of all these persons it was found there had been so few

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cases of this kind that the subject was considered of interest in its negative phase only, and not sufficiently interesting to be made a subject of a paper. This fact, however, is not generally recognized, and statements to the contrary are not infrequently made by those who are working with mental patients and have had no experience with delinquents.

September, 1922. Mollie remained at the mental hospital to which we transferred her for two years and six months. The diagnosis was dementia præcox, paranoid type. Her condition on discharge was improved. She was discharged in August, 1919, to the custody of her sister. At the present time, she is serving another sentence in Bedford, for petit larceny.

CASE No. 7

Blanche P., a mulatto girl of twenty-one, was committed to the reformatory on the charge of bigamy.

Blanche was admitted to the hospital soon after it was opened, as a helper rather than as a patient. She was a fair worker, but had to be returned to the institution five months later because of her trouble-making propensities.

Nothing was known of Blanche's family. Blanche was herself very light-skinned and showed no negroid features.

She was born in Rhode Island and wandered about in different states. She was in an orphan asylum for a time when a child and from there was placed in two different homes. One family took her to Vermont, where they tried to put her in a disorderly house. Blanche

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refused to go and the family went off and left her alone. While living in the same town she married a soldier, a white man, lived with him five days, and then left him and went to live in a distant city. She heard of his whereabouts some months later and went to see him, but they quarreled and decided on a separation. She then came to New York and worked for a colored family. The man made love to her and told her she was not legally married. When she later went to a hospital to be operated on for some ovarian trouble, he wrote her very ardent love letters. The family did not pay Blanche the money they owed her for services, so she told the wife of the husband's advances. About this time Blanche married a colored man, nearly as light as herself. Three days later she was arrested on the charge of bigamy. It is supposed that the man who made love to her told the police in order to get revenge. There is no history of Blanche's having been promiscuous sexually.

The physical examination was negative except for a laparotomy scar and tenderness over the right ovary. There was a positive Wassermann reaction and clinical findings of gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, Blanche graded eleven years, which gave her an intelligence quotient of .68. On the Yerkes-Bridges point scale she received 74 points, which gave her a coefficient of mental ability of .84. The tests as a whole show that she was slightly above the median of reformatory girls. According to the tests, she graded as high-grade feeble-minded.

During Blanche's stay in the hospital she was pleas-

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ant and particularly ingratiating with the officers. She had much difficulty with the girls because of carrying stories. She became attached to another colored girl, and because of her jealousy for this girl Blanche was at times much disturbed and had violent outbreaks of temper, even threatening to kill one of the girls with a knife. The girls in general disliked her because of her deceitfulness and tale-bearing propensities. She did her work well, however, but finally had to be discharged, as it was felt that she was an unnecessary drawback in the management of the hospital.

Blanche was of the irregularly active type, social, loquacious, opinionated, sensitive and easily offended. She was, on the whole, responsive, coöperative, very changeable and easily discouraged. She was usually frank and pleasant, but quick-tempered. It was felt that she could not be trusted because of her tendency to be deceptive and sly.

Summary. Blanche started out with more than her share of handicaps, having mental defect as a birthright as well as having the worst possible substitute offered her for a home, namely, a house of ill-fame. Furthermore, her institutionalization began at an early period.

Besides all this, she was confronted by a difficult racial problem. With her straight black hair and sallow complexion, she might easily have been taken for a Sicilian or other Italian type, yet her attachment for her race was strong, perhaps, because of her knowledge of her Negro descent. She always seemed a misfit and her equivocal position appeared to be a further cause of the letting down of barriers in her social standards.

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Blanche was discharged from parole and returned to her husband's family. Since then, however, she has been reported to be living with another colored man somewhere in the city.

September, 1922. When interviewed in September, Blanche was found in a tenement occupied by colored people. She shared a room on the first floor with another woman. She spoke of the man with whom she is said to be living, as her husband. He is a married man with children. Blanche had lived with his sister until their intimacy began, since which time she had been obliged, by the sister, to live elsewhere.

CASE NO. 8

Bella L., a colored girl aged eighteen and single, was committed to the reformatory on the charge of violating the tenement house law.

Bella was in the hospital in the capacity of laundress. She did rather good work, but was slow, probably because of her inferior intelligence, and at times was insolent and disobedient, although she responded to reasoning.

Bella's mother died of heart trouble. She was not married to Bella's father. The father had a bad record, having been in Sing Sing and Auburn. He was said to have been illegally married to three women and to have had children by all three. Both her father and mother showed emotional instability.

Bella was born in New York City. She attended school irregularly and had a poor record. She was promiscuous sexually from the time she was ten years old,

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when she began to go to parks with older boys for the purpose of prostitution. She was first arrested when fourteen for larceny, and a few months later, on her father's complaint, was arrested for "disorderly conduct, running away from home and associating with dissolute persons." She was then committed to a home, from which she escaped four months later. While in the home she was repeatedly found to have stolen small articles of clothing. Her third arrest, when she was fifteen, was for violating the tenement house law. At this time she gave her age as twenty-two and was sentenced to the Workhouse for six months. She was in constant conflict with her father and explained her misconduct on the grounds of trying to "spite him." She was arrested a fourth time, on her father's complaint, when nearly sixteen, and was sent to a home where she remained fifteen months. While in the home her record for conduct and work was good. She had a religious conversion while there and her father was hopeful that this might have a good effect. After leaving the home she could not get on with her stepmother. She soon began to stay out late at night and later went to live in a disorderly house. The father had two detectives search the house and Bella was arrested for a fifth time and committed to Bedford. She said she realized the futility of the life she was leading and stated that she intended to give it up when discharged from Bedford.

The physical examination showed a well-developed and nourished woman. The Wassermann reaction was positive and there was clinical evidence of gonorrhea.

According to the Stanford Revision of the Binet-

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Simon scale, she graded ten years and one month, which gave her an intelligence quotient of .56. In the Yerkes-Bridges scale she received 74 points, which gave her a coefficient of mental ability of .83. She was, on the whole, above the median of reformatory girls, but was probably of moron grade.

During her entire stay in the hospital Bella worked as a laundress. In the beginning she was lazy, inclined to shirk, was disobedient, and stirred up trouble. Later, her work was better, and she usually accomplished a great deal. There was a marked improvement in her attitude, in her endurance, and in the quality of her work. At times she was sulky and because of disobedience had to be reprimanded. She yielded to reasoning, however, and often said that if she had been as persistent in her work on the outside as she was in the hospital she would have been able to keep out of trouble.

She was of the irregularly active type, loquacious, over-social, independent, and egocentric. She was opinionated, sensitive and easily offended, and she was neat and cleanly. She was usually interested in her work and showed good concentration. She was inclined to be shy and sullen at times, insolent and disobedient, but quickly remorseful. Her emotional tone was fairly level and she was, on the whole, cheerful.

Summary. The greatest difficulty that stood in the way of this patient, at least in the hospital and perhaps outside, was her extreme popularity. One could hardly fail to like Bella. She was frank and good-natured and responsive, and was such a favorite with both white girls and black that she was elected president of the hospital

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club by a unanimous vote. We have even seen a Southerner accept an invitation to dance with her, after saying that it would be impossible for her to dance with any colored woman. The same popularity resulted in much jealousy among the girls and many an emotional episode centered about Bella's love affairs.

One can easily imagine what an additional factor this popularity would have been outside the institution, superimposed as it was on an inferior intelligence and wretched environmental influences. The fact that Bella spent six months at the workhouse when she was fifteen must have made the chances of her straightening out socially even less than they had been before. Nothing further has been heard from Bella since she was discharged from parole.

September, 1922. No further information could be ascertained regarding this case. The father, who was intoxicated when last seen, had been absent from his shop for a month, and it was thought that he was in trouble of some kind. The grandmother, who appeared to be demented, said that she had not seen Bella for over a year.

CASE No. 9

Clara W., a French-Canadian girl of twenty-eight and single, was committed to the reformatory for soliciting.

She was admitted to the hospital for the treatment of neuro-syphilis. During her stay of thirteen months in the hospital she was listless and indifferent, and her mind was occupied continuously with sex thoughts and inter-

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pretations. Her conversation was so impossible that it was necessary to protect casual visitors from the things which she would have said to them had she been given the opportunity. She was called a pervert and a degenerate among the women who had known her on the outside, even though they were well versed in crime.

As she seemed to benefit little from the treatment, she was returned to the institution. It was felt that the association with more normal girls might have a beneficial effect and that under a different routine she might accept more responsibility. However, her characteristics became even more pronounced in that group and she was subsequently transferred to a mental hospital.

Little was known of Clara's family history, except that her parents were apparently respectable and grieved greatly over their daughter's misconduct. Clara told many conflicting stories and it was impossible to get a verification of her statements. According to one story, probably true, which she told some time after commitment, she was born in Canada and attended a convent school until the age of sixteen.

When her father discovered that she had been irregular in her conduct with a student with whom she was in love, he took the boy to court. Following this, Clara remained at home for three years, but said that she was conscious of being talked about, so decided to run away with the same man. She consequently went to Boston. They lived together, and she frequented cabarets and houses of prostitution. She then began to prostitute for him and to induce young girls to go into prostitution. Occasionally she worked for short periods in factories or

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at housework, which she did not like. While she was living in Boston she was arrested and served a short sentence for soliciting. Later, she came to New York, where she said that she accumulated about \$4,000. With this she started a lodging house, about four years previous to her commitment, but as it was not successful she gave it up. She was thought to have maintained a house of ill-repute, but she claimed that this was not true.

When twenty-five years of age, Clara contracted syphilis, for which she received a short course of treatment. Two years previous to her commitment to Bedford she had an attack of depression and attempted suicide. She turned on the gas one night, but was found unconscious by friends in the house and taken to a hospital. She said she prepared for this attempt by taking large quantities of whiskey.

She was arrested in December, 1915, for loitering, but was put on probation with the understanding that she was to leave New York and be in the care of an uncle. She stayed with him for a while, then returned to New York and again tried to run a lodging house. She soon gave this up and went to live with a man. Shortly after, she was arrested for soliciting and sentenced to Bedford.

The physical examination showed the presence of a chronic gonorrhea. There was a positive Wassermann reaction of the blood serum, a doubtful Wassermann reaction of the spinal fluid, with twenty-four cells to the cubic millimeter. There was no further evidence of neuro-syphilis present.

According to the Stanford Revision of the Binet-Simon scale, Clara graded 10.2 years, which gave her

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an intelligence quotient of .63. On the Yerkes-Bridges point scale she made 70 points, which gave her a coefficient of mental ability of .79. She was very irregular in the tests, showed unusual emotional reactions and was resentful of her commitment. She failed to get finer shades of meaning and was partly handicapped by the language factor. She did poor work in arithmetic, and in problems of reasoning. She was probably about the average of reformatory girls.

During Clara's stay in the hospital she was lazy, showed great lack of perseverance, was indifferent to her surroundings, and would lie in bed, making no effort to work. She was untidy in her habits and person and had such bad manners that the other girls could hardly eat at the table with her. She talked freely of prostitution and sexual matters seemed to occupy her thoughts all the time. She was continually obscene and profane. She rarely submitted to the rules and responded indifferently to punishment.

She occasionally did a little needlework, but it was poorly done. She became more untidy in her habits, slovenly and bad-mannered, and would appropriate any article that attracted her fancy. She at times became excited and profane over some imagined slight. Her conduct, profanity, lying, stealing, and obscenity made it almost impossible for the other women to live peaceably on the same corridor.

As her blood and spinal fluid had become negative following treatment, it was decided to return her to the institution where it was thought the association with normal girls might bring out more effort on her part.

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During the next three months at the main institution, Clara showed a marked lack of adaptability, refused to work, wanted to lie in bed continually, and was untidy. She continued to make obscene interpretations of everything, and her statements never failed to be contradictory and unreliable. She was then transferred to a mental hospital.

She was of the underactive type, loquacious, egotistic and opinionated. She was not seclusive, but was unreliable, suspicious and changeable. She showed what appeared to be a progressive deterioration and it was difficult to determine her original intellectual status and personality make-up.

Summary. Clara's past seemed too remote and too vague to be of much use in ascertaining the etiologic factors of her antisocial behavior. She appeared to represent the extreme of primitiveness, expressing every thought that came into her mind of a sex nature without inhibitions and interpreting all unrelated topics with sex significance. Clara said that her mother once warned her that she would grow up to be a bad woman. Was this an unfortunate suggestion or a prophecy? It is at least suggested, however, that Clara, even during childhood, showed propensities which became accentuated in later years through the aid of the additional factors of environment, profession, alcohol and syphilis.

The following report was given by the State Hospital to which she was transferred by the reformatory some time after she left our hospital:

"On admission she appeared very elated, talked and laughed continually. The night following her admission it was necessary to

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transfer her to a disturbed ward as she became very noisy and abusive. During the night she shouted and screamed and complained of queer feelings and of being nervous. She continued to be noisy and disturbed for several days and screamed during the night, disturbing the other patients. She was often observed talking and laughing to herself. During the day she assisted with the ward work but appeared very elated and laughed without any cause. She stated that she felt so good she could not help but laugh. She continued in this condition for about two months when she became more quiet and conducted herself in a much more satisfactory manner. She was inclined to be flighty and exhibited a general tone of elation."

The diagnosis of manic-depressive psychosis, depressed type, was made on her admission to this hospital. After eighteen months' residence she was discharged, "improved," to the custody of the United States Department of Labor for deportation to Canada.

CASE NO. 10

Pearl W., a mulatto girl of sixteen and single, was committed to the reformatory for petit larceny.

She was admitted to the hospital four months after her commitment to the institution, because of the emotional instability she showed while in the reception cottage.

Pearl's father was Jewish and died of tuberculosis one year before the patient's commitment to the reformatory. Her mother was a colored woman, who deserted her family, but about whom it was difficult to learn any story from our patient. Pearl was the third of four children. Two of her sisters had stolen and prostituted, but had never served a sentence.

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Pearl was born in Philadelphia. The family were in extremely poor circumstances, moved about considerably, and at times lived in a tent. She had very little schooling and poor supervision. The father, although shiftless, was said to have good moral standards. The mother ran away with another man when the children were young. Pearl was unwilling to tell anything detrimental of her mother. When Pearl was six years of age she was in a fresh air camp in Philadelphia for treatment of tuberculosis.

According to her own statement, she began practicing prostitution when eleven years old while living in New York City. She did this for movie tickets and clothes and small amounts of money. When fourteen years of age she was treated in a hospital in Albany for gonorrheal peritonitis. One year later her father went into a hospital in Albany for treatment of tuberculosis and the patient prostituted more than ever, drank, began using drugs, and took part in burglaries. She was arrested for helping in a robbery and sentenced to Bedford. At this time she was sixteen, but gave her age as eighteen.

The physical examination showed a light-skinned, slender, mulatto girl of rather poor nutritive and muscular development. There were signs of an inactive tuberculous process in her lung. The Wassermann reaction was negative and there were evidences of gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, Pearl graded 11.2 years, which gave her an intelligence quotient of .70. On the Yerkes-Bridges point scale she received 85 points, which gave her a coefficient of mental ability of .98. She was above the average of

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reformatory girls. In Pearl's attitude toward her commitment she showed no remorse, although she knew it was wrong to steal. Her statements showed many inaccuracies and it was impossible to get her to explain discrepancies in her history. During her stay in the hospital she associated with the most unstable girls and was easily influenced. She occasionally became excited and assaultive, especially if any of the other patients made remarks about the colored people and if she thought the colored girls were being discriminated against. She was often disobedient, defiant, and boisterous, but the threat of deprivation of privileges usually sufficed to quiet her. She was always scolding and dissatisfied.

In any adjustment among the other girls she took the side of the colored girls, but she was fundamentally cowardly and her threats were always confined to words. She worked well, but because of her habit of gossiping she made it difficult for the other girls to do their work. She was finally returned to the institution, as it was thought she had received as much benefit as she could from the type of treatment the hospital had to offer.

Pearl was of the overactive type, social, loquacious, independent and egocentric. She was sensitive and easily offended. She was not responsive or particularly coöperative. She showed poor judgment and poor ethical discrimination, and was very suggestible. She was very changeable and easily discouraged. Her most marked characteristics were her sullenness, aggressiveness, irritability and combativeness. She was also sly and ingratiating. Altogether there was little of a constructive nature in her make-up.

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Summary. The early environmental factors in this case were unusually bad. Whatever its cause, there was much emotional instability as a basis on which to build at the time she was studied, together with a very unfortunate combination of personality traits. There was also a latent tuberculosis which later became active. On account of this, Pearl was transferred to a hospital for tuberculosis, where she has since died. Had she lived, on account of her emotional instability, personality make-up and antisocial habits of long duration, as well as her intimate association with gangsters of a desperate nature, the social prognosis in her case would have been extremely doubtful.

CASE NO. 11

Irene G., a German-American, twenty-three years of age and married, was committed to the reformatory September 30, 1916, on the charge of vagrancy, having contracted a venereal disease in the practice of prostitution.

She was admitted to the hospital as a patient because of her peculiar behavior while in the reception cottage. At the end of two weeks she was returned to the main institution, since it was felt that she presented a disciplinary problem, and, because of her low grade intelligence, would be benefited little by the treatment which the hospital had to offer.

When she was fourteen years of age, Irene's father died from some cause that was not ascertained. He was a nervous, irritable man. Her mother was living and had always indulged the patient. Her brother and sis-

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ters were normal. During the father's lifetime, the family were always well provided for, and after her father's death her mother married again, a man who was well able to provide for them.

Irene was born in Philadelphia. She began to walk at fourteen months, which was several months later than the time at which the other children in the family had walked. At seven months of age she began to have convulsive attacks, during which she grew rigid and held her breath and became cyanosed. The attacks continued until she was three years old, increasing in severity. Then they gradually came less often until at the time of commitment she had not had an attack for five years. The later attacks had come on without warning and during them she often fell. When she was a very young child she had a blow on the head from a falling bottle, but her mother attributed little significance to it.

The first three months that Irene attended school she spoke to no one; in fact, from the time she was seven years old her family recognized that she was not normal.

She did very poorly in school, was quarrelsome, unwilling to work, and sullen, and at home was lazy, untidy, ambitionless and deceitful. She was never disciplined as the other children were, because she was always delicate, often having infections, and also because she was the youngest in the family. At thirteen years she was placed by her mother in a home. After her father died, when the patient was fourteen years old, her abnormal characteristics became more pronounced. Shortly after her father's death, her mother remarried and then took Irene from the home. She did not get on well with her

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stepfather and stepsister. She particularly disliked her stepsister, whom she thought was favored.

Irene ran away from home when she was sixteen years old and lived for a short time with a young boy, so her mother again had her placed in a home. Although the patient did not wish to leave and her sister thought she should remain until twenty-one years old, her mother took her out after one year's residence. She remained at home a few months and spasmodically did housework. About this time she contracted gonorrhea and syphilis. When eighteen years of age she met a young man while watching a fire and married him three weeks later. Her husband never supported her and was satisfied to live on money which she obtained from her mother. Irene finally left her husband, a little less than a year after their marriage. At the time of her commitment to Bedford, he was serving a sentence for rape. After leaving her husband she lived at home for a short time, then began to drink and was arrested for the first time when twenty years of age. She was committed to a home for six months and remained four months longer voluntarily. She was arrested a second time for drinking two months after leaving the home, but was not sentenced. In the course of the next year she was arrested four times for intoxication and served two sentences of one hundred and eighty days and ten days, respectively. The last arrest was for vagrancy, for which she was sentenced to Bedford. Irene was very vindictive toward the probation officer and made many homicidal threats.

The physical examination showed a short girl of stocky build. The shape of her head suggested the hypothyroid

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type. The abdomen was prominent. There was marked asymmetry of face, the eyes were near together, she had very dry, scaly skin, especially on extensor surfaces, and poor teeth. The thyroid was not palpable. There were clinical evidences of gonorrhea, and a positive Wassermann reaction. The neurological examination was negative.

According to the Stanford Revision of the Binet-Simon scale, she graded 9 years and 9 months, which gave her an intelligence quotient of .61. On the Yerkes-Bridges point scale she made 61 points, which gave her a coefficient of mental ability of .69. She was clearly feeble-minded. She did better in performance tests calling for practical shrewdness. During the examination she fabricated freely, said she was a grand duke's daughter, had traveled all around the world, etc.

After her mental examination she became much excited and threatened to kill the field-worker for having obtained information concerning past experiences. Before this episode she had been fairly obedient in the hospital and a willing worker. After it, she sat in her room talking and singing loudly, refused to work, stayed in bed and incited other girls not to work. If she saw the field-worker, for whom she entertained a strong dislike, she would run up and down the corridor, threatening to take the field-worker's life if opportunity presented itself. She was particularly easily influenced by the colored girls.

Summary. Here we have a feeble-minded girl with a rather marked endocrine disorder. She showed, also, lack of constructive training, having escaped in her home

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life, because of her "delicate health," the discipline that proved efficacious for the other children. She did not respond to usual hospital treatment. She felt that she had the upper hand and refused to coöperate in any way. She was considered, besides being mentally defective, a case that needed discipline of a nature that the hospital was not equipped at the time to give. For this reason she was returned to the institution, where she continued to make trouble during her entire stay. It is such a case as this, with emotional instability and defective mentality, for which a definite system of discipline should be available at the time that physical and mental therapy are being applied. Expressed somewhat differently, the therapeutic procedure utilized should include the resource of discipline. Such a nature, in its immaturity, will respond to this treatment as a child would, and like some children, will have little respect for the so-called authority that cannot enforce its principles. Later on in the history of the hospital we should have been equipped to cope with Irene's antagonistic behavior and could have kept her under observation in order to carry out the endocrine and hydrotherapeutic treatment from which she would have undoubtedly received benefit. When Irene was discharged from the institution her mother took her to another state.

The following report comes from the district superintendent of the charity organization in the state to which Irene was sent on her discharge:

"Immediately after Irene was paroled to her mother, her husband came for her. He and Irene live together in a small town in Pennsylvania and are getting along quite happily. They are poor but he

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does his best to make her comfortable, and with occasional assistance from Irene's mother they are able to manage. Irene's sister said it was difficult for him to keep steady work but that he seems sincerely anxious to make amends for his conduct and they have every reason to feel that Irene is happy and contented."

CASE NO. 12

Sallie G., an American girl, twenty-three years of age, single, was committed to the reformatory on the charge of petit larceny.

She was admitted to the hospital as a worker, three months after her commitment to the institution. She remained sixteen months and for the most part did her work fairly well.

Sallie's father was alcoholic and died of tuberculosis when the children were young. Her mother worked as a janitress and was considered to be of low standards. She drank heavily. One sister was unintelligent, promiscuous sexually, and had had one illegitimate child, which lived with the maternal grandmother. Sallie's illegitimate son was also supported by the grandmother with the help of Sallie's brother.

She was born in New York City and attended parochial school until twelve years of age. She then went to work at \$4.00 a week and worked irregularly until she was seventeen, when she definitely went into a life of prostitution. She claims to have been raped at fifteen, after which she went to live with the man and later became pregnant. The child was born when Sallie was sixteen years old. When her mother brought proceedings against him, he left the city and was later killed jumping

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a freight train in an attempt to escape from the mother. Sallie then went to live with another man, who was an opium user and had been arrested several times. She lived with him irregularly and prostituted for him until the time of her commitment to Bedford. She was arrested with him after he had robbed another man whom she had brought to the house.

The physical examination showed the presence of numerous small pigmented areas over face and body and a marked dermatographia. The Wassermann reaction was positive. The neurological examination was negative.

According to the Stanford Revision of the Binet-Simon scale, she graded 10.2 years, which gave her an intelligence quotient of .62. On the Yerkes-Bridges point scale she received 67 points, which gave her a coefficient of mental ability of .76. She was below the average of reformatory girls and was considered a border-line case intellectually.

During the girl's stay in the hospital she was pleasant and a fair worker. She made every effort to appear well before the doctors and nurses, but when alone with the other women she told them many tales of her life as a prostitute. She was occasionally stubborn and it was only by threatening withdrawal of privileges that she could be managed.

She was of the irregularly active type, rather immature and suggestible. She was usually pleasant and frank, responsive and coöperative. In contrast to many of the girls, she was not sullen, irritable, aggressive or combative. In her work she showed good concentration and effort, but was not conscientious.

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Summary. This patient represents the type of woman, found frequently in reformatory populations, who is handicapped by an inferior intelligence and some emotional instability, although in neither respect is she defective enough to appear unable to assume the responsibilities of adult life and to cope with the temptations that occur in an unprotected environment. For this reason she is held responsible by society and only too often fails to meet its expectations.

Her limited powers of responsibility should be appreciated and her environment should be sufficiently supervised to guard against too great stress, if delinquent behavior is to be prevented. On her discharge from parole Sallie returned to her mother and her rather unfavorable environment.

September, 1922. From a visit to her family, it was learned that Sallie had married in January, 1920, and was at present in the West with her husband. The family seemed loath to give information regarding her and it has not been possible to verify the marriage. Sallie's child, a boy of thirteen, is living with his grandmother. He is small for his age and in 5A grade in school. He seemed childish and immature and appeared to the investigator to be subnormal.

CASE No. 13

Alma S., an Austrian Jewess, thirty years of age and married, was committed to the reformatory for loitering. She was originally committed to a home, but it was

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thought there that she was a case of mental disease, so she was transferred to Bedford for observation.

She was admitted to the hospital three months after her entrance to the institution. During her stay in the hospital she was continually excited, and at times threatened suicide. Two months later she was transferred to a mental hospital.

Alma's parents were born in Austria. Both died when she was young, but nothing besides this fact was known of them. There were some other children, but it was impossible to get any accurate statement concerning them, although it was thought that a brother and a sister lived in New York City.

Alma was born in Austria. She never attended school, and at nine years of age went out to do housework. About this time her parents died, the family was broken up, and the patient was taken by an aunt, who was never kind to her and often beat her cruelly. Alma said that she thought her father was well off, according to the standards of her country. Until about fourteen years of age, the patient had nocturnal enuresis and was always afraid of the dark, a characteristic which remained with her up to the time of her commitment to Bedford.

When sixteen years of age her aunt married her to a man much older than she was. He was not a good provider and they were not at all compatible. Shortly before her child was born she left him, returning to her aunt. The child soon died and then, at twenty years of age, the patient emigrated to America. At this time she had some money, which was her share of the proceeds of her father's house. This money, with some which she

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saved after coming to America, she put in a bank in New York City, which later failed. In this way Alma lost everything she had except \$10.00.

When Alma first came to America she lived with her brother and sister, but she did not get on well with either of them. She changed her places of employment often, and it was not possible to get any definite information as to who her employers were. It also could not be learned from her or from the few people who knew her whether or not she showed any antisocial tendencies. She stated that in November, 1915, she was accosted on the street by a man who proved to be a plainclothes man. He accused her of soliciting, and although she denied being guilty, she was sentenced to a home.

While in the home she was considered so unstable emotionally that parole was not granted at the minimum time. The patient grieved over this, and finally became so depressed that it was thought advisable for her to be observed in a psychopathic hospital. She was consequently transferred to Bedford.

The physical examination was negative except for tenderness over the vertex. The patient complained of pain in the same area. The Wassermann reaction was doubtful, and the complement-fixation test for gonorrhea was positive.

According to the Stanford Revision of the Binet-Simon scale, Alma graded 7 years and 11 months, which gave her an intelligence quotient of .49. In the Yerkes Bridges scale she made 43 points, which gave her a coefficient of .49. In the Yerkes-how much the language factor, lack of school training,

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poor native ability and her psychoneurotic condition contributed to the results. According to the examination she was distinctly feeble-minded.

During her stay in the hospital Alma talked much of her troubles, and continually complained about her care, treatment and food. It was not possible to determine that she hallucinated, but she was greatly excited much of the time and there was an underlying tone of depression. She formed intense dislikes for some of the officers and when they were seen even in passing she would become noisy and excited. She often screamed when the nurse entered the room. She felt that she was discriminated against because she was Jewish, and screamed continuously for hours because she heard that a slighting remark had been made against her race.

She made many hypochondriacal complaints, refused food and medicine, and threatened suicide. She continued to be oriented and had partial insight. Her depression increased, until it was finally necessary to transfer her to a mental hospital.

Alma was of the overactive type, immature, and of poor intelligence, as shown in nearly every field. Her work was poor because of her lack of interest, effort, and power of concentration. She was not frank or pleasant, but at times was over-talkative. It is difficult to judge whether or not there was any change of personality.

Summary. Alma may be considered one of the excitable types to be found among the "defective delinquent" classes, who is clearly committable even though she may not fit into any of the classifications of mental disease. The most appropriate diagnosis might be psy-

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chopathic personality with episodes of excitement and depression.

Such a case as this does not belong in a penal institution during the period of excitement, and the separation of such cases from the main, inflammable and highly suggestible group in the reformatory is of the greatest possible benefit to them. Moreover, it is but fair to offer such a case the treatment which is to be had in a mental hospital, though the period of excitement is not a protracted one. The following of this rule would tend to simplify the complexity of the psychopathic delinquent problem.

Although we know nothing of Alma's inheritance, the handicap of her environment was great and in itself might be considered a factor sufficient to have been the cause of most of her difficulties.

Alma presents the type of individual with low mentality who will continue to be a public charge in one way or another.

September, 1922. Alma remained at the mental hospital to which we had transferred her two years and eight months, being discharged in October, 1919. The diagnosis was mental deficiency with excitement. Her mental age, according to the test given her there, was eight years, which agreed with ours.

The friend to whom Alma was discharged had moved away about two years ago, and no further information was to be had of Alma.

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CASE No. 14

Georgiana J., an American girl, twenty-five years of age and single, was sentenced to the reformatory for unlawful possession of narcotics.

She was admitted to the hospital, five months after commitment to the institution, because of her excitability, alternating with depression, her quarrelsomeness, and her inability to apply herself to any task.

Georgiana's father was living, but for years had had some form of heart disease. Her mother died of cerebral hemorrhage when fifty years of age. Georgiana was the third of four children; one sister died of tuberculosis, one brother and one sister were living and well, and one paternal aunt and one paternal cousin were insane.

Georgiana was born in Pennsylvania, where she attended school for two years. The family then moved to California. Here, Georgiana went to school until she was fifteen, finishing the ninth grade. During her childhood she had smallpox; later, when about nineteen, a mild attack of chorea; she also had had pleurisy. As a child she was always nervous, had bad dreams and night terrors, and when the wind was blowing had what she called "hysterics." At fifteen she ran away from home with a theatrical troupe. She traveled about from town to town, and at the age of sixteen went into a house of prostitution and began the use of drugs. Two years later, she began to live with a man who was a drug user and a thief, remaining with him as his common-law wife for the next six years, until just before her commitment

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to Bedford. He was at one time thought to be a white slaver, but Georgiana denied this. Georgiana used the proceeds from prostitution to buy drugs for herself and for the man. During this period she was arrested nine times and served four sentences for soliciting, for loitering, and for having drugs in her possession. She was also arrested once for bringing drugs to the man while he was awaiting trial in the Tombs for robbery. She was finally arrested on the street while receiving drugs from a drug agent and was sentenced to Bedford.

The physical examination showed a poorly nourished girl with bleached hair. The teeth were very poor and there were many scars and dark spots on her arms and legs from the use of hypodermic needles. There was a fine tremor of tongue, closed eyelids, and fingers. The pupils were widely dilated but responded to light and accommodation.

The menstrual periods had been irregular during the past few years and the patient gave a history of having had three induced abortions.

The Wassermann reaction of the blood serum was negative and laboratory tests for gonorrhea were negative, although the clinical findings and history of gonorrhea were positive.

According to the Stanford Revision of the Binet-Simon scale, she passed all of the tests in the superior adult group, which gave her an intelligence quotient of 1.19. On the Yerkes-Bridges point scale, she scored 99 points, which gave her a coefficient of mental ability of 1.13. She was clearly of superior intellectual ability and had an unusually good memory. She showed initiative

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and originality in handling new problems, but did not do as well on tests requiring slow, painstaking application.

Soon after Georgiana's commitment to the reformatory, she began to gain in weight and her general condition improved, although she remained emotionally unstable and was a leader among the other girls, particularly in undesirable ways. During the first months she worked in the kitchen, where she did rather poor work, and showed difficulty in applying herself to any long or disagreeable tasks. Because of her excitability and difficulty in getting on with some of the girls, and after a rather serious quarrel with one girl in which Georgiana threatened violence, she was admitted to the hospital. She went rather unwillingly at first, fearing it was preliminary to a transfer to Matteawan.

Her attitude toward her commitment to the reformatory was one of antagonism toward the state for having arrested her and withdrawn the opium on which she had grown to rely so much. She said that she had used opium for eight years and cocaine for the past two years. When about seventeen years of age she frequented opium dens, and, out of curiosity at first, smoked it. Gradually, however, she began to take it for its effect. She drank excessively for periods, taking as much as five or six bottles of whiskey a day. She never had delirium tremens, but was often tremulous in the morning. When using cocaine, she frequently saw little animals on the wall and under her finger nails, and had the sensation that tiny bugs were trying to crawl out from under her skin. She had had no drugs for the three weeks previous to her commitment to the reformatory while in jail awaiting

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trial. She had taken "the cure" twice, but each time immediately resumed the use of morphine at the termination of "the cure." She boasted that she could rob a man while talking with him, empty his pocketbook, and return it without his knowledge. She saw no objection to stealing from men whom she solicited, as she felt they "would do her dirty" if they got the chance. She said that while people could do certain other types of professional work well, her specialty was stealing and she meant to do it as cleverly and efficiently as she knew how. She wished to return to the man with whom she had been living, but saw no reason why they should be married.

During Georgiana's stay of four months in the hospital, she did very little work, especially in the occupational room, because of her extreme dislike for the occupation teacher. She was depressed much of the time, irritable, and noisy and profane. She took very little care of her room and it was always in a state of great disorder. She would sit idly gazing out of the window and when spoken to would come to her feet quickly. When under great stress, there was convulsive twitching of the hands and facial muscles.

She said that the nurses and teachers did not like her, that they discriminated against her, and, because of her suspicion of one teacher, she would not go out to walk with her. She admitted fear, especially at night, of being killed and of being choked, and she had dreams of accidents to herself and friends. She never acknowledged hallucinations, but once she told a nurse she was "seeing things," and that she would kill anyone who told

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the doctor. After the transfer of another patient to a mental hospital Georgiana became more depressed, ate very little, quarreled on little provocation and was much excited. She had periods in which she would scream and pull her hair, but stated that she had no memory for these attacks. As insomnia, apprehension, difficulty in thinking, marked persecutory ideas and attacks of depression with outbreaks of excitement increased, she was transferred to a mental hospital.

Georgiana was of the overactive, adult type, and was egotistic and egocentric, social, loquacious, self-justifying and self-pitying. She was impulsive and opinionated, but sensitive and easily offended, although she possessed a keen sense of humor. Intellectually, she was well above normal, although she showed poor judgment and ethical discrimination and poor psychomotor control. Her drug addiction and alcoholism were probably responsible for this, in part. In her work she showed poor concentration and needed much stimulation, particularly for work that she did not like. She was variable and distractible, and showed little persistence. In her manner, she was variable, being at times frank and pleasant, but often defiant, showing little self-control, and being irritable, combative and aggressive. In her attitude, she was usually not adaptable and was only at times coöperative, although these traits varied much in her contact with different personalities. She was, however, fundamentally suspicious, changeable, and easily discouraged. Her emotional tone was one of excitability and she was often depressed and rarely cheerful. She laughed and cried often, but rarely showed remorse.

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Summary. This patient represents one of the most deliberate of psychopathic delinquent women. Although many anti-social types drift into an unfavorable environment even while desiring a different type of life, or take the way of least resistance because of inability to live more constructive lives, Georgiana, on the contrary, took great pride in the life she lived, and infinitely preferred its excitement and the skill that was required to the corresponding experiences of more constructive careers. It was hard to picture any constructive life that would have offered sufficient abandon to satisfy her emotional demands. After eight years of exciting interest in the life she lived, it was improbable that the direction of her career could be materially changed. In spite of the sordidness of her surroundings, she showed appreciation of beautiful poetry and good literature, and her keen mind always made her an interesting antagonist in any controversy or discussion. While she gave a history of great emotional instability over a period of years, the mental condition which she showed when with us was probably the result of her continued use of drugs and alcohol, accentuated by her enforced confinement with its restriction on communication with the man with whom she had lived and worked so many years. Although the man, at the time, was known to be living with another woman, Georgiana was confident of her power to win him back on her release.

While the causes which are behind such a career as this are exceedingly difficult to determine, there may be mentioned the early throwing over of all restricting influences in an attempt to find expression for much energy and

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strong emotional desires. Heredity may well have contributed its part toward the picture because of the mental disease already noted and her apparent innate instability. Her early experiences as a chorus girl and the companions to whom she too readily gravitated soon became influential determinants of the direction her energy was to take.

The management and treatment of this case in our hospital group was indescribably difficult, not only because of her incompatibility with others, but, also, because of her undesirable influence on them all.

The prognosis of the case was considered very doubtful from the social point of view. After being discharged from the mental hospital, she was soon lost sight of by the authorities.

September, 1922. The diagnosis of this case made at the mental hospital to which she was transferred was "constitutional psychopathic inferiority." She was discharged much improved.

According to recent investigation, it is thought that Georgiana died about two years ago of tuberculosis which developed rapidly, following influenza. It was not possible, however, to verify this report.

CASE NO. 15

Hazel H., a defective woman of Irish parentage twenty-five years of age and single, was committed to the reformatory on the charge of being a common prostitute.

She was admitted to the hospital three months later as a cook. She remained in that capacity less than three

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months and was then returned to the campus because of her general inefficiency, lack of interest, and lack of adaptability to the hospital routine.

Little was known definitely of Hazel's family history. Her father was reported to have died, but further investigation would seem to indicate that Hazel was an illegitimate child and that the father might still be alive. Her mother was a dissipated, shiftless woman who had served sentences for drunkenness and had been arrested for improper care of Hazel, because of which Hazel was placed in an orphan asylum.

Hazel was born in New York City and received no education until the age of nine, when she was placed in the orphan asylum. She remained in this institution until fifteen years of age, with one or two short intervals when she was taken out by her mother but returned each time because of lack of proper supervision. When she was finally discharged from the home she went to work with a welfare organization for two years, as waitress in their detention home. She was discharged from this position when it was discovered that she had aided in the escape of a young boy. From this time until 1915, when she was twenty-five years of age, little was known of her activities. She told conflicting stories of her life and the only facts that seemed to be reliable were that she was prostituting, drinking excessively and using drugs moderately during these years. Her work record was meager and many of the addresses given were false. During the year 1915 she was arrested once for drinking and given six months' probation. During the probationary period she was arrested for soliciting a detective.

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She denied that she was soliciting, stating that she was only "flirting." For this offense she was sentenced to Bedford.

The physical examination showed a tall, angular woman who was fairly well developed. There were evidences of gonorrheal inflammation of the pelvic organs and manifestations of syphilis.

According to the Stanford Revision of the Binet-Simon scale, Hazel graded eleven years and two months, which gave her an intelligence quotient of .70. On the Yerkes-Bridges point scale, she received 65 points, which made her coefficient of mental ability .75. She was below the median of reformatory girls, on the whole, and would seem to belong to the border-line group. Her record was, however, impaired by her lack of interest, sullenness and distrust.

During the short time Hazel was a worker in the hospital she showed the same characteristics which were brought out in the psychological examination. She came unwillingly as a worker and although at times she did fairly well, her efforts were offset by her change of mood and her show of temper over trifles.

Hazel was of the irregularly active type, timid, self-justifying, and self-pitying. She was rather easily offended and possessed little adaptability. Her intelligence was of a mediocre grade and she showed no special abilities. Her concentration was poor and she frequently needed stimulation although she reacted poorly to it. She was not persistent in her efforts, had little endurance, and did not learn by experience. Her manner was usually pleasant, but at times she was defiant and boastful. Her

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most marked reactions were her sullenness, her aggressiveness and her irritability. Her emotional tone was fairly level, with short periods of excitability.

Summary. The most important factor in Hazel's case was her difficult personality, toward the formation of which her inheritance, her early environment, and her habits of life, particularly drugs and alcohol, had undoubtedly contributed. While she was not considered sufficiently unstable to be admitted to the hospital as a patient, she proved too undependable to be kept any length of time in the capacity of a worker. With the help of the backbone provided by a system of discipline, even of a mild type, Hazel would do fairly well. However, the proximity of less stable types than herself proved a demoralizing factor, showing her capacity to be influenced unfavorably in general. As evidence that she was sufficiently stable to do good work if given some assistance is the fact that she did very well while on parole. Nothing further has been heard from her since she was discharged.

September, 1922. Recent investigation has revealed nothing further regarding Hazel's subsequent life. Her family have heard nothing from her for several years.

CASE No. 16

Bertha W., an American girl of nineteen and married, was committed to the reformatory on the charge of vagrancy, having contracted a venereal disease.

She was admitted to the hospital a few weeks later

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because of the presence of a multiple facial tic and a history of chorea as a child.

Her father was living and well. Her mother was a very stout, short woman, who, before her last confinement, weighed 210 pounds. She had also been subject to migraine for years. One maternal aunt had tuberculosis and a younger brother had been operated on for a tuberculous abscess of the ear.

Bertha was born in a small town in New York, the second in a family of four. The home conditions were fairly good when she was young and her father was considered a good provider. The family moved about from one small town to another, which gave the children little chance for continued attendance at any one school.

Bertha gave a history of being nervous as a child and having night terrors. When eleven years of age she developed chorea which disappeared after two years, leaving a residual of tics of the face, the head and shoulder, which became worse with reduced physical condition or emotional upset. A year later she had tuberculous adenitis, and at sixteen acute rheumatism and endocarditis.

At thirteen years of age Bertha left school and went to work in an embroidery factory, earning a very small wage. After this she had many different positions which she held for a short time and from some of which she was discharged as incompetent. In all her places of employment, however, she was thought to be inefficient, untruthful, and deceitful. At about this time, unknown to her parents, she was sexually delinquent and continued so up to the time of her commitment to Bedford.

When sixteen she married a soldier whom she had

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known but a few weeks. Because of his duties he had to leave her suddenly a few days after they were married, and Bertha continued her irregular life.

Shortly after her marriage she was sentenced to a home on the charge of disorderly conduct. After three months she was released on petition of her father and husband. Even though her husband was interested enough to help secure her release, she expressed the desire to separate from him and repeatedly asked her parents to help in securing an annulment, which they refused to do. For the next few months Bertha went about from town to town, representing herself as an employee of different social agencies, particularly the Y. W. C. A., and even secured credit on the strength of this. She was finally arrested after a dance in a house of ill-repute and sentenced to Bedford.

The physical examination showed a tall, thin, rather poorly developed young woman with old scars resulting from suppurated tuberculous cervical glands. Enlargement of the posterior cervical glands was still present. There were several tics of the face, head and shoulders, and a coarse tremor of the closed eyelids and fingers. Examination of the heart showed the presence of a compensated mitral lesion. The Wassermann test and the complement-fixation test for gonorrhea were negative, but there were clinical evidences of gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, Bertha graded thirteen years and three months, which gave her an intelligence quotient of .83. On the Yerkes-Bridges point scale she scored 91 points, which made her coefficient of mental ability 1.03. While

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the results of the psychological examination would place her in the normal group, her lack of concentration, inability to correlate facts, and her immaturity in general gave the impression of her having a much lower grade of intelligence.

Bertha was a patient in the hospital for fifteen months and, with the exception of the last three weeks, was constantly in difficulties, none of them very serious but all due to her suggestibility, deceitfulness, and tendency to be influenced, especially by undesirable friendships. The tics disappeared at times, but returned on occasion as pronounced as before, especially if she were given what she considered undesirable work. However, after some change in attitude the condition improved greatly. In her contacts with the other patients and officers she was boastful and tactless. She told innumerable stories and was loath to admit their falseness. She was incapable of taking responsibility and unwilling to accept the blame for any of her misconduct, preferring always to deny her guilt or excuse herself on the grounds that someone else was the originator.

She stated at the last interview that, realizing her difficulties, she had completely changed her attitude and expressed a desire to gain better control of herself. However, this change was not apparent to any great degree to the staff.

Bertha was of the underactive adolescent type, with a decided tendency to be a follower. Her intelligence was of rather mediocre grade in general, except in language ability and mental agility. In her work she needed frequent stimulation and was variable and distractible,

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making little effort in any task not pleasing her. She was social, loquacious, egotistic, self-justifying, impulsive, sensitive, and easily offended. In her attitude she was fairly responsive, but self-assertive in an ineffective way, suspicious, changeable, and easily discouraged. She was often quarrelsome and irritable. She was also emotional and excitable, but perhaps her most outstanding characteristics were her flippancy and her ingratiating manner which was especially noticeable when she was corrected. Bertha told many fantastic stories about her life and particularly about her sexual experiences. At times she acknowledged the falseness of her statements, but corrected them with further falsehoods.

Summary. Bertha presented more definitely neurotic traits than the majority of our patients. She was tall and thin and rather poorly nourished. She had had chorea early in life with persistent tics as sequelæ. There had been enuresis over a period of years and many evidences of an endocrine imbalance. With such types there is often associated pathological lying. Bertha was both a pathological and an unpathological liar and was undependable in the extreme. Yet there seemed so little stamina in her entire make-up that one hardly blamed her. The evidence of endocrine disorder in her inheritance may have been in part responsible for this. However, constant supervision and stimulation were necessary, not only to get Bertha to accomplish anything but also to keep her from getting into trouble with other girls. Without a continuation of some such supervision as this, it seemed too much to expect that Bertha would be able to maintain her equilibrium in the community. After violation

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of her parole she was again returned to the institution. When last heard from she was still considered self-centered, flighty, and irresponsible.

September, 1922. Bertha moved with her family to Pennsylvania about a year ago. No further information regarding her was obtainable.

CASE No. 17

Sylvia S., an American woman of twenty-six and married, was committed to the reformatory on the charge of grand larceny.

She was admitted to the hospital to determine, if possible, whether her stealing was due to a psychoneurotic condition or whether it was planned in conjunction with a skilled few.

It was never possible to verify the account which she gave of her family, which in all probability was false. She made claims of having had superior home conditions in her early youth, but on investigation it was found that the statements she made concerning her father's position were untrue. One sister was living, but no information could be obtained from her relative to Sylvia's past life. From observation of the patient in the hospital, it was felt that she had had good training and rather good educational opportunities. One statement which was probably true was that her father was sixty years of age when she was born and that her mother was only twenty.

Sylvia stated that she was born in Boston and attended a private school. No record of her attendance could be obtained from this school. She said that while still in

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school she traveled about with her father, as his business with a banking firm necessitated visits to many different cities. From her knowledge of foreign cities it is probable that she had spent considerable time in Europe. When she finished school at nineteen years of age, she had a chaperon whose presence and authority she very much resented. At this time her father was engaged in mining engineering in the West and was unwilling to release Sylvia from the supervision of her chaperon. She met on the street a man whom she had known but a few months and told him in a childish way all her troubles. He suggested marriage to her as a way out of her difficulties. For the next three weeks he wooed her very energetically and at the end of that time she agreed to marry him with the understanding that there should be no marital relations until she went to him voluntarily. This arrangement soon proved an unsatisfactory one, as her husband became impatient at what he termed her childish behavior and continual quarreling resulted.

Sylvia stated that during the six years that she lived with her husband it was never possible to make a satisfactory marital adjustment, in spite of the fact that she consulted several physicians regarding the situation.

During these six years her husband had many different positions in various cities, principally with brokerage firms. He had a bad record and was discharged from some because of dishonesty and from one because "he was not the kind of man we cared to have working for us."

While living in Philadelphia, Sylvia was arrested once for stealing and put on probation. At that time she had

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stolen only small things, such as cologne, magazines, and candy. Later, the woman with whom she boarded said that she often returned home with small packages in the sleeves of her fur coat and wore more expensive clothing than one would expect considering the small salary her husband earned.

Sylvia did not have the courage to separate from her husband, because she felt the fault was entirely on her side, and because he made many threats of the things he would do should she attempt it. In spite of this, however, she did leave him on two occasions, but was soon followed and brought home "as though she had been a naughty child."

They returned to New York in the latter part of 1915, when her husband instituted proceedings for a divorce on the grounds that Sylvia would permit no marital relations. Just about this time he was arrested for forging a draft and sentenced to prison. She stood by him during his trial and sentence, but did not live with him after his discharge.

Sylvia then found out that her husband had married a prostitute during a drinking debauch, and thinking that it would reflect on her if he got a divorce on the grounds he mentioned she started suit on the grounds of bigamy.

In the summer of 1915, after she had separated from her husband, Sylvia met a man while she was staying at a fashionable summer resort. He wanted to marry her and took her to his house to visit his mother. She told his family that she was the daughter of an ex-governor and that her family had formerly been wealthy. She was received well by his family but was never willing

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to introduce him to her friends, as, she said, her friends would think it queer if they knew she was to marry a poor man.

Three weeks before her arrest, she was seen to steal from various stores, by a detective who was following her, articles of clothing, etc., amounting to twenty-five thousand dollars. She was arrested in a store from which she was found to have taken five thousand dollars' worth of valuables.

Sylvia denied having stolen longer than four or five months, but the Philadelphia report suggests that she had been stealing for four or five years. On the reports against her, however, no mention was ever made of any sexual irregularities. After the last arrest she was sentenced to Bedford.

The physical examination was negative except for a four plus Wassermann and a positive complement-fixation test for gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, she graded 17 years and 2 months, which gave her an intelligence quotient of 1.07. On the Yerkes-Bridges point scale she scored ninety-five points, making her coefficient of mental ability 1.00. She was well above the median of reformatory girls and did well on all tests except those requiring any special degree of accuracy.

After she had been in the hospital for some time, she was graduated from being a patient to a position as worker and did the cooking for the officers. Although this was a wholly new experience for her, she went about it systematically, did the work satisfactorily and

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said later that she would not have missed the experience for anything. Toward the last of her residence in the hospital, however, she showed a tendency to shirk the harder work. This was not wholly deliberate, as it was evident that she had little realization of the sustained effort required to accomplish anything in any line of work. Sylvia mingled little with the other girls and felt herself superior to them. She was selfish and would rarely share any fruit or other articles with the other patients, even with those who might never have money with which to buy any. At times she was impudent to the nurses and was careless in her dress. When she was given charge of the cooking, she was thrown more in contact with the other girls and she then made a little effort to be friendly with them and help them, but always from a superior plane.

At times she complained of feeling isolated, saying that there was an undercurrent against her and that the officers were antagonistic to her. It was necessary to speak to her many times about usurping privileges and frequently she made it evident that she was of a higher class than the other patients. During a short period she tried writing stories, which were poor and loosely constructed, and later tried poetry, at which she showed some talent. Sylvia continued to work in the kitchen until the hospital closed, when she was returned to the main institution.

Sylvia was of the irregularly active type, and she showed some tendency to be a leader. Her intelligence in practically all fields was good, but she fell a little lower in planfulness and ethical judgment.

Summary. The principal point of interest in this case

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was the question as to whether the stealing was the result of a psychoneurotic condition or whether the patient was one of a very clever and select group of shoplifters. While there were undeniably many factors in Sylvia's life which would tend to explain her apparent immaturity in certain respects, and while her dreams, her verses, and the description of her marital situation were so well correlated that the accounts seemed dependable, still the real nature of her stealing was never definitely ascertained.

After Sylvia had been paroled and was doing well in a responsible position in the community, further evidence came to light which made it seem probable that, however immature Sylvia had been in her development, there had also been a social factor which we had been unable to estimate at the time of study. It is not improbable that Sylvia was associated with a small group of trained shoplifters. There is certainly no doubt of the skill she showed in her antisocial conduct and it is probable that equal skill was exhibited in shielding herself and her accomplices.

September, 1922. Sylvia has held a fairly responsible position for several years and has recently changed her occupation to one of even greater responsibility. While her work has been satisfactory, nothing is known of her social life.

CASE No. 18

Viola H., eighteen years of age, a young married American woman of good intelligence, was committed

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to the reformatory on the charge of keeping and maintaining a house of ill-fame.

She was admitted to the hospital six months later as a worker, in which capacity she remained until the hospital closed a year later.

Viola's father was killed in an accident while intoxicated. He was excessively alcoholic, abusive to the family and a poor provider. Her mother was a lazy, shiftless woman with poor moral standards. There were nine children in the family, one of whom died in early childhood. The home conditions were particularly poor, especially during Viola's early childhood. Viola was born on Long Island in a community in which social investigators found a degenerate element and low community standards. She attended district school for about two years, during which time she played truant so often that her school record was correspondingly poor; but the teacher stated that if Viola had attended regularly she would have been a good pupil. The teacher felt that the mother made no effort to supervise or control the children. As early as eleven years of age Viola associated with undesirable girl companions and it was with one of them that she was finally committed to Bedford.

When Viola was fifteen she went away from home to care for a sister during her confinement. While there she had relations with her sister's brother-in-law and became pregnant. Viola's mother took the man to court and he was ordered to pay \$3.00 a week toward the support of the child. After the first payment he decided it would be less expensive to marry Viola, so with her

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mother's consent they were married. From the time of the marriage he did not work and they lived about with different relatives until the child was a year old, when Viola left him and went home to live. She then became more friendly with the girl of the neighborhood with whom she was later arrested. They associated with the most degenerate men of the town and finally were arrested and sentenced to a home, where it was discovered that Viola was again pregnant. She succeeded in escaping from the home and with the help of drugs produced an abortion. She was apprehended and later made a second attempt to escape, for which she was taken to court and sentenced to Bedford.

The physical examination showed an enlarged middle lobe of the thyroid, with increased pulse rate. There were evidences of an old syphilitic infection and a positive complement-fixation test for gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, Viola graded twelve years, which gave her an intelligence quotient of .75. On the Yerkes-Bridges point scale she scored 83 points, which made her coefficient of mental ability .94. She was about the median of reformatory girls and probably of normal intellectual ability.

During Viola's residence in the hospital she never gave any trouble through her conduct. She worked in different capacities in the kitchen and laundry and was always pleasant, willing, and well-mannered. In the beginning she often forgot directions, but later became more efficient. She did well in the occupational work, but in school work made little progress, not seeming to care

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to make any effort along academic lines. She remained in the hospital as a worker until it closed and was then returned to the main institution.

Viola was of the irregularly active, adolescent type, with a decided tendency to be a follower. She was social, loquacious, and impulsive, but not over-sensitive or opinionated. Her intelligence in all fields was good with little variation, but she was found by the majority of judges to be very suggestible. In her attitude she was responsive, coöperative and interested. In her work she showed good concentration and effort, a fair amount of persistency and almost no variability, together with mediocrity, inaccuracy and some skill. Her manner was pleasant, frank, demonstrative and enthusiastic, but at times self-conscious and boastful. She was never irritable or sullen, defiant, aggressive, or combative, and her emotional tone was one of cheerfulness. Viola's personality make-up was particularly good. Her greatest defect was her immaturity and her suggestibility.

Summary. Viola was one of the few women who presented in her personality make-up an absence of the so-called anti-social traits. Although there seemed to be many worthwhile characteristics, she did not build well for herself with them. Later on, when she was paroled, she was considered to have a demoralizing effect on the young boys of the town in which she was living. Her tendency to be suggestible and her sociability appeared to be handicaps rather than helpful traits.

The early illegitimate pregnancy and the subsequent marriage were probably important influences in break-

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ing down inhibitions which had been gradually decreasing instead of increasing since her eleventh year.

The mother's poor supervision, the father's alcoholism, the poor home conditions, and the low moral standards of the community were all great handicaps, quite sufficient in themselves to have caused any asocial career. Because of violation of parole Viola was returned to the institution for several months.

October, 1922. Viola is still living with her mother in what is believed to be an undesirable environment. There is, however, no further evidence of contact with the court.

CASE No. 19

Adelaide C., an American girl of Swedish parentage, age nineteen, single, was committed to the reformatory on the charge of disorderly conduct and for having contracted a venereal disease.

She was admitted to the hospital three months later, because of her emotional instability as shown particularly in her life before coming to the reformatory.

Her father was living and well, was reported to be alcoholic at times but to be a good worker and provider. Her mother died when Adelaide was sixteen, of heart and kidney disease. Adelaide was the only girl in a family of seven, the three oldest children having died in infancy.

Adelaide was born in Massachusetts and came with her father and mother to New York City when one year of age. As a child she was healthy and had no illnesses.

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The home life was happy and the family had common interests and pleasures. During her childhood and early adolescence her father drank a little but not to excess until his wife died when Adelaide was sixteen.

Adelaide attended public school until fourteen and a half years, reaching grade seven. After leaving school she remained at home with her mother until the latter's death one and a half years later. Until shortly before her mother's death Adelaide had normal interests and amusements and gave her family no trouble.

It was Adelaide's father's plan that she should keep house for him and her three brothers, who were steady workers and considered reliable, but Adelaide objected to the supervision of her father, particularly as he was intoxicated often and also, according to her story, was at times abusive.

About this time Adelaide considered herself engaged to a young man whom she had known but a short time and who was unknown to her family. She claimed that this man forced her to have relations with him against her will and shortly after left town, refusing to marry her. After this had happened, Adelaide was promiscuous sexually, drank heavily, and when a little over sixteen was arrested for intoxication and sentenced to a home, where she remained two months. Soon after her discharge from this institution she was arrested again for intoxication and sentenced to another home for the remainder of her minority. While in the home she was considered a "model inmate except that she was bossy and rather uncoöperative toward the other inmates." While here she was paroled three times, the first time

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to her father and the last two times to do housework. The first two times that she was paroled she was again arrested for intoxication and returned to the institution. On each readmission she did well. After the third parole she ran away from her place of employment and for three days was intoxicated, frequented cabarets, and solicited. She went voluntarily to the police and asked to be returned to the home. A short time later she was taken to court and sentenced to Bedford, as it was felt by the authorities in the home that she could gain little from further residence with them and that she needed observation in a psychopathic hospital.

The physical examination was negative except for a four plus Wassermann reaction and a positive complement-fixation test for gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, Adelaide graded twelve years, which gave her an intelligence quotient of .75. On the Yerkes-Bridges point scale she scored 80 points, which made her coefficient of mental ability .91. Throughout the examination she was immature and showed lack of judgment. She graded, however, as dull normal.

On admission to the hospital Adelaide maintained an attitude of superiority, was resentful of the transfer to Bedford, justified and pitied herself continually for her trouble. She laid stress on the fact that her mother had died, leaving her to be cared for by a drunken and abusive father, and then later denied that her father drank at all. After a few days, however, she did better, but in a short time became defiant, boastful, and associated with girls who had an undesirable influence on her. Her

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conduct alternated then between short periods when she did her work well and tried in a measure to conform to the rules of the hospital and longer periods when she was excitable, noisy, quarrelsome, irritable, and resentful of correction. On the whole, there was little change in her attitude, and she was immature and took much pleasure in disobeying rules and in doing small things to annoy both officers and patients. Toward the end of her residence she formed a friendship with another girl whose influence was bad and tended to make Adelaide more excitable and noisy. She was finally returned to the institution because she did not seem to be materially benefited by the treatment which the hospital had to offer.

Adelaide was of the overactive, adolescent type, social, impulsive, and opinionated. Except in mental agility and language ability her intelligence was of mediocre grade. She was emotional, self-assertive, suspicious, changeable, and easily discouraged. In her work she was not conscientious, varied in effort, and was distractible. In her manner she was demonstrative but defiant, irritable, and aggressive. Her emotional tone was one of excitability and her mood wavered considerably between cheerfulness and depression, always, however, with a background of overactivity.

Summary. Adelaide was distinctly of the over-active type with a background of considerable emotional instability. A little dissatisfaction among the patients always aroused her to action and with an air of an insurgent general she would swagger about the hospital "to see that no partiality was shown," entirely disregarding of anyone's wishes or orders. Furthermore, she was

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the type that would herself become so excited through her sympathy with the others that her own excitement would get beyond her control. It was not difficult to imagine her carried away by any emotional wave in her environment until she had reached the extreme conditions for which she had been so many times arrested.

The death of Adelaide's mother and her father's excessive alcoholism which followed seemed to be the factors in her life which had been too much for her over-active and unstable make-up, toward the formation of which inheritance had undoubtedly contributed.

Besides a sympathetic understanding, Adelaide needed a firm hand to keep her from joining in any emotional episodes which frequently occurred about her in the hospital. She would undoubtedly have benefited more from our treatment had she been in the hospital after a system of discipline was introduced, rather than before.

September, 1922. Adelaide's father and brother were interviewed in their rooms in a house in the Bronx. The father, who was intoxicated, would not admit he had a daughter Adelaide. The brother, however, stated that she had married two years ago. For a while she lived on Long Island, keeping house for her father and brothers, as well as for her husband, as they were all doing carpentry in the neighborhood. She is now working as a waitress and is said by her brother to be doing well. There is no record of any further arrest.

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CASE No. 20

Mazie L., an intelligent American girl of eighteen, single, was committed to the reformatory on her mother's complaint, for vagrancy.

She was admitted to the hospital eight months later because of her emotional instability, varying mood, intolerance of restriction of any kind, and difficulty in complying with the routine of the institution.

Mazie's paternal grandfather was French, and her paternal grandmother, Irish. Her grandfather, father, and uncle drank excessively. Her father died in a railroad accident eight months before Mazie was born. Her maternal grandparents were born in Ireland. Her mother was living and well and appeared to be an intelligent and kindly woman.

Mazie's sister died at fourteen years of age of tuberculosis, one brother had served a term for petit larceny, and her other brother had run away from home and was on the vaudeville stage. There was a history of tuberculosis in both paternal and maternal families and a maternal cousin was insane.

Mazie was born in Massachusetts. After her father's death her mother left her four children with her sister, who already had seven children, and returned to New York State, where she had lived previous to her husband's death and Mazie's birth, to work in a hat factory. Two years later, she married a shipbuilder and took her three oldest children, leaving Mazie with her grandparents in Massachusetts. Mazie's stepfather was a good

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provider, and her mother said her second husband was a much better man than the first. She attributes all of Mazie's "wickedness" to inheritance from her father.

Mazie remained with her paternal grandmother until thirteen years of age, attending school. She was a lively, fun-loving youngster, who always managed to get what she wanted from her grandparents, although they were strict, through coaxing. Often when her grandmother cried over her childish delinquencies, Mazie, by joking and laughing, could make her smile. She said her grandmother never approved of moving pictures, automobiles, silk stockings, or big hair-ribbons, which was a source of great sorrow to her.

In the summer of her fifteenth year she came to New York to visit her mother, and at the end of the summer, although high school and normal school were offered her as an inducement, she refused to return to her grandmother, giving as a reason that she was too strict. She went to work in a paper mill, earning \$5.00 a week, but the work was heavy and dusty, and as she began to lose weight, her mother took her out. She then worked for some months in a cigar factory, and in a hat shop, her highest wages being \$11.00 per week. She lived with her mother for three years, but was difficult to manage and restless, and wanted to be out late at night. It was necessary for her mother to take her to the recorder's office three times for reprimand, but this seemed to have little weight with Mazie, who always felt that she was discriminated against by her mother. This was corroborated in part by an aunt, who said that one Christmas Mazie received no gifts from her mother because

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of some misdemeanor, while all the other children were remembered.

For the three months previous to Mazie's commitment to the reformatory she was away from home at night, frequenting chop suey houses of bad repute, was promiscuous sexually, and frequently intoxicated. Her uncle finally, at her mother's wish, took her before the magistrate's court and had her committed to Bedford.

The physical examination at the time of her admission to the institution was negative, except for some enlargement of the cervical glands. She showed great nervousness and bit her nails continually. Some months later, the cervical glands became more enlarged and soft, and there was temperature, and evidence of suppuration. She said she had been in a similar condition some years previously. Examination of the lungs showed no active lesion, but a quiescent process in each apex. During her residence in the hospital some of the broken-down glands were removed.

According to the Stanford Revision of the Binet-Simon scale, she graded 15 years and 3 months, which gave her an intelligence quotient of .95. On the Yerkes-Bridges point scale she scored 92 points, making her coefficient of mental ability 1.05. She was of normal intelligence, but was immature, showing preference always for the frivolous.

While there was no serious misconduct on Mazie's part, after she was admitted to the reformatory, she showed a marked lack of adjustment to the rules and routine of the institution. The treatment for the tubercular adenitis, which was carried on during her entire

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stay in the hospital, met with great resistance, especially at first. Later on, however, after an absence of a few weeks in the main institution, she was more appreciative of what was being done for her and was more coöperative. She was overactive, changeable in her emotional tone and always needed careful supervision because of her tendency to become excited and fly into a temper on little provocation. She was very difficult to control at times, was restless, insolent to the nurses, and, when she could not have her own way, would scold and cry. One could sometimes bring her out of such moods by laughing at her. She acknowledged her childishness, especially in regard to her mother, and said that after she started on her delinquent career she wanted to go back to her mother, but was unwilling to give in. She realized the need of being sent to an institution and checked in her course, but felt that she would be ostracized for having been at a reformatory. However, her distractibility, wavering moods, impulsiveness, restlessness, intolerance over confinement, and resentment when corrected, continued with little change. Her attitude toward her commitment was typically childish and she had no adequate conception of its seriousness. After eight months' residence in the hospital she was transferred to a sanatorium for tuberculosis near her mother's home.

Mazie was of the overactive, childish type, more often a leader than a follower. In all the intellectual fields, except judgment and ethical discrimination, she showed rather unusual ability. In her work she varied in concentration, needed frequent stimulation, but responded to it well at times. She was variable in the quality of her

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work and distractible, but was inclined to be persistent, particularly in work which she was not asked to do or should not do. She was social, loquacious, impulsive, self-justifying and easily offended, but she had a keen sense of humor, and all her observations were witty. In her attitude, she was variably responsive and coöperative, and easily discouraged. Most of her traits were characterized by extreme variability. Her emotional tone was usually one of excitement but alternated between cheerfulness and depression, her dominant mood, however, being one of cheerfulness.

Summary. Mazie, in contrast to many of the other patients studied, did not present the malicious characteristics in her make-up that are common in many of the delinquent types. She was fun-loving and immature, but she was never mean, and although difficult to manage and a great source of disturbance in the hospital atmosphere, still she was not underhanded and her obstinacy was frank and outspoken. Her greatest handicap was her inordinate love of fun and of living, grafted on an unstable emotional make-up. This latter was probably the result in part of a poor inheritance, to which she added an injudicious training, both of these factors being accentuated and aggravated by the stress and storms incident to adolescence. Such an individual as Mazie would make friends anywhere, and since she had always preferred the liveliest and those with fewest inhibitions, her friends had not always contributed to her welfare.

The foregoing factors all contributed to the unprofitable utilization of her energy which more than balanced her profitable use of it. Although Mazie showed

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considerable improvement while she was under our care, in her power to adjust herself to her environment, still the progress that she made was not considered sufficient to be permanent, and it was felt that it would be easy for her to slip back into her old habits of life should the opportunity present itself.

After Mazie had been paroled from the sanatorium where she was receiving treatment for the tuberculous condition, it became necessary to return her to the reformatory because of a violation of her parole. Not long after her release the second time she was again arrested for frequenting a house of ill-fame.

September, 1922. Mazie's record for the past two years is as follows: From October 1 to December, 1920, she was held in jail as witness when an inn in a small New York town was raided. During the following April she was arrested on a charge of vagrancy and sentenced to jail for six months. Since then, however, she has been doing well. One month ago she married a young man who is thought well of in the town in which they both live, and who is said to have been influential in getting her to "straighten up."

CASE NO. 21

Antoinette W., aged nineteen, single, of Italian parentage, was committed to the reformatory on the charge of petit larceny.

She was admitted to the hospital one month later, because of her emotional instability, history of fainting attacks, and luetic infection.

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Antoinette's father was an Italian who was living in Bermuda at the time of his marriage to Antoinette's mother. He was reported by Antoinette to have been a drunkard and to have been married illegally four times. He later had locomotor ataxia, according to Antoinette's mother. Her mother, also an Italian, was raped by him at the age of fourteen, following which they were married. She too was of low moral standards and drank excessively. The father and mother separated some months after Antoinette's birth, leaving Antoinette with her maternal grandparents. Later on, her mother came to New York and her father wandered about from place to place. At the time of Antoinette's commitment he was living in England, where he had married a fourth time, having had four children by this marriage. Antoinette remembers little about him, having seen him for short periods only before coming to New York, when she was fourteen years of age. Toward her mother she expressed extreme hatred and bitterness, occasioned, according to her story, by her mother's cruelty. The mother refused to accept Antoinette as a daughter, preferring to have her known as her niece. She later remarried and Antoinette asserted that her stepfather treated her better than her mother did.

Antoinette was born in Bermuda, where she attended public schools until thirteen years of age, coming soon after to New York to live with her mother. Of her early childhood there was little known, but soon after her arrival in New York she became unmanageable and made frequent complaints of her mother to the neighbors and finally to the court. She attended school in

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Brooklyn for two years, reaching grade 5B. As her conduct became more difficult and the complaints from Antoinette and from her mother to the Society for Prevention of Cruelty to Children were increasingly frequent, the Society finally decided to send Antoinette to a training school, where she stayed nearly two years. Here she was considered one of the most difficult girls, was very stubborn, never gave in without a struggle, and was easily upset over little things.

When she was sixteen years old she left the school and went to live again with her mother and stepfather, but there was as much quarreling as before. Antoinette worked for a short time in two factories and at housework. During this time she met men against her mother's wishes, at first clandestinely and later openly; and when her mother was absent she brought them to the house. About this time, she had her first convulsive attack, which was thought by her mother to have been epileptic. The attack occurred at a family party, following a drunken quarrel between her mother and stepfather on one side and another married couple on the other. When the combatants left the room Antoinette became much excited, telling the remaining company of her mother's cruelty and abuse, and her refusal to recognize her as a daughter. She grew rigid, screamed, became violent and had to be restrained. During the attack she injured herself and was incontinent. She lay in a semi-conscious state during the remainder of the night.

The second attack occurred shortly after, on the street, following a quarrel with her mother. She was taken in an ambulance to a hospital where she remained a few

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hours. After the attack had subsided, she found that she was bruised about the face and that she had bitten her tongue.

Antoinette was put on probation about one year after leaving the training school. One day, in her mother's absence, she invited two strange men into the house. Her mother returned unexpectedly and a general fight ensued. The police were called and Antoinette was arrested. Following this, after a very bitter quarrel with her mother, Antoinette left home, and did various odd jobs, and, for a short time, housework.

While still on probation she brought a man to her grandmother's house, introduced him as her husband and lived there with him for a few weeks until the grandmother discovered that the man had a family. She insisted on their leaving her house, so, together, the couple started housekeeping. The man finally tired of Antoinette and her constant complaints and left her.

For the two months following, Antoinette roomed about and was thought by one landlady to have prostituted for a living. The third convulsive attack occurred at this time. Antoinette reported that she was in a room with two men and two girls, and although nothing of a sex nature occurred, she had a violent attack, which lasted three hours, during which she required restraint. From then on, she had many attacks, most of them of less severity. One landlady said of Antoinette that she could produce an attack at any time. While living with this woman she stole some dresses from the room of another girl. She was arrested and committed to Bed-

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ford. While in the courtroom she had an attack in which she became extremely rigid.

The physical examination showed a poorly developed and nourished girl with symptoms of secondary syphilis. There was a torus of the palate, attached ear lobules, enlarged cubital and inguinal glands, marked dermatographia and a disproportion in the leg-torso ratio. Vaginal examination during the first few months was impossible because of the presence of extreme vaginismus and a general resistive attitude. The Wassermann reaction of the blood serum was four plus and the complement-fixation for gonorrhea was doubtful. After a short period of resistance, treatment for syphilis was carried out intensively during her entire residence in the hospital and was followed by persistently negative Wassermann reactions and absence of symptoms.

According to the Stanford Revision of the Binet-Simon scale, Antoinette graded 10 years and 9 months, which gave her an intelligence quotient of .80. By the Yerkes-Bridges point scale she tested 75 points, which gave her a coefficient of mental ability of .85. Her general information was good and she did well on practical tests. She graded in the highest group for reformatory and factory girls. She was undoubtedly of normal intelligence, but irregular in application, and showed wholly undirected capacities.

Antoinette from the first was unwilling to take any responsibility for her commitment and the circumstances leading to it. She blamed her mother for all that had happened, continued to feel bitterly toward her and refused, when leaving the institution, to go to her. Her

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attitude of resentment toward her mother was partly justifiable, according to later investigation and neighbors' reports. Antoinette wrote one letter to her mother some months after her commitment, which was never answered.

Antoinette's attitude in the beginning was one of indifference toward everything in life. She expressed a half-hearted desire to die. She was quarrelsome with the nurses and the other patients, was irritable and insolent. She worked very irregularly and never acceded to the physician's orders without a preliminary argument. Her moods varied from one of depression when she said "nothing seemed worth while" and when she would do no work, to ones of more normal level when she would work rather well on something which she liked. Her manner was, on the whole, very superficial and there did not seem to be any depth of feeling even in her depressed periods. She had occasional convulsive attacks characterized by extreme muscular rigidity, screaming, heavy breathing and retching. She claimed amnesia for each attack. They occurred during periods when she was irritable and quarrelsome. For some time she complained of severe pain in the right iliac region, accompanied by some temperature, nausea and spasm. She resisted all efforts at treatment and refused to remain in bed. Finally, after weeks of persuasion and reasoning, she consented to an operation, which showed the appendix to have been chronically inflamed and much distorted.

Her mood, following this, was one of pleasantness and she showed an apparent desire to be coöperative. The mood continued for two months, at the end of which pe-

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riod she again became resistive, irritable and quarrelsome, and complained once more of abdominal pain.

During the last three months of her residence she had no convulsive seizures and her conduct was much improved by disciplinary measures, consisting for the most part in restriction of privileges. She remained in the hospital as a patient until its close. During the last three months she did fair work as a kitchen helper. It took much reasoning, however, and the deprivation of privileges to produce anything like a normally responsive attitude.

Two of Antoinette's dreams seemed to show on analysis a well-marked attachment for her stepfather and jealousy of her mother.

Antoinette was of the irregularly active type, imitative, timid, at times social and loquacious, egocentric, sensitive, self-justifying, and self-pitying. She was intelligent and her capacities in all the mental fields were good, except in judgment and ethical discrimination. She was emotional, irritable, and combative and was easily discouraged. Her variability was shown in nearly all traits, except in her intelligence. She was insincere, talking unfavorably of her best friends, and proved one of the most subtle of instigators of the "walking delegate" type. She was looked upon by her fellow patients, whom she at times led on to iniquities and then deserted, as "contemptuous and mean."

Summary. There was considerable difference of opinion over this case, first, as to whether the underlying condition was one of hysteria or of epilepsy, and, second, as to what method of procedure it was best to follow

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in its management. When it was necessary for the patient to face unpleasant situations, such as having a spinal puncture or a vaginal examination, she would have what appeared to be characteristic hysterical attacks with rigidity and opisthotonos but unchanged color and pulse. The characteristics of her personality, however—her extreme egotism, shallow emotional capacity, irritability, irregularity in tests for intellectual capacity, unevenness in power of application, and variability of mood, suggesting the epileptic make-up—together with the history of tongue biting and incontinence during the earlier attacks, made us consider the case one of epilepsy.

Added to the girl's inheritance, which was unfavorable, was her environment, which, after she was fourteen, was most undesirable. Although the mother and stepfather had entered the girl's life at a late period, they apparently played an important rôle.

In the problem of management that Antoinette presented, there was a question just to what degree she was capable of conforming to the routine of the institution. She was the type of individual who, if given an inch, will take an ell, and if she was allowed to have some privileges not possible for the entire group, she continued to enlarge her domain of authority and troublesomeness until resignations of nurses and matrons began to appear, because of the intolerable situation produced.

After months of non-disciplinary procedure, a new régime was instituted, under which Antoinette was made to answer in some way for her disregard of the routine of the hospital and the rights of others. The result was that Antoinette utilized her energy much more advan-

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tageously than formerly and the hospital became a much more livable place.

As a proof that Antoinette could adjust herself to authority when she knew she must, is the fact that when she returned to the main institution she gave a year of perfect conduct, proving herself a valuable worker. Such cases as this, through their very resentment of authority, oftentimes manifest their desire for it. When the authority is administered justly a great reverence is felt for it; and less respect is felt for the individual who, while in a position of authority, is considered too lenient.

This patient was considered the prime instigator of the emotional crisis described elsewhere. It was she who led the flock astray and then deserted them to ingratiate herself with the existing powers.

Since her discharge, she has done well, holding fairly responsible positions in spite of great emotional instability. The fact that, even with her quarrelsome make-up, her actual antisocial career outside her family circle had been of short duration, was in her favor. Furthermore, her experiences during the few weeks she had led a free life and had lived with her consort had been full of painful experiences which did not offer the lure which such a life presented to others of our patients. In a well-chosen environment she should do fairly well, in spite of her epileptic background. Her good mentality was her greatest asset. Letters received from Antoinette since she was discharged would indicate that she has done very well taking care of children.

September, 1922. Through a visit to Antoinette's mother and stepfather it was learned that our patient

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had married about two years ago an ex-service man who is at present receiving Federal training and is being furnished with about \$80 a month by the government. They are living in another state but come to see the mother when they are in town. The husband does not know of Antoinette's past, and she is much afraid that he will learn about it. He is said to be quite devoted to her. Recent kodak pictures show Antoinette to look both well dressed and happy.

The mother would not see Antoinette on her release from Bedford. After the marriage, which the mother first verified, their relationship was again resumed. Her mother felt, however, that Antoinette was "still not quite right in the mind," and wished she might still be receiving help from our doctors.

CASE No. 22

Fannie S., a Jewish girl of twenty-six and single, was committed to the reformatory from New York City on the charge of soliciting.

She was admitted to the hospital because of her restlessness and anxiety, her refusal to remain in her room alone at night, and her general antagonism to those in charge. She showed at first considerable apprehension at being locked in her room. Later on, she became exceedingly aggressive and irritable, and would tolerate no interference of any kind.

Fannie's father, a Russian, died of carcinoma, at sixty-two years of age. He was a hard-working, quick-tempered man who provided well for his family. At one

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time the family was in unusually good circumstances, but later met with reverses. Her mother, also a Russian, was still living, but had had diabetes for six years and at the time of Fannie's commitment was ill with rheumatism and heart disease. Her sisters were all respectable and had been unusually good to Fannie in spite of her conduct. One in particular had taken her back many times after arrests and during probation periods.

Fannie was born in Long Island, where she attended school until fourteen, when the family moved to New York City. Here she went to a technical school where she took a course in stenography, graduating when seventeen years of age. During her childhood she had been amenable and had had no difficulty in getting along with the other members of her family. After leaving school she obtained a position in an office, but held it only six months because of a sudden lack of interest and depression. She remained at home for two years, evincing no interest in anything and showing an aversion to men, particularly of her own race. During this period she talked continually of going to Boston, where she felt she could amount to something. This idea was the result of having read about a thirteen-year-old girl who had gone to Boston, made her own way, and had a successful career.

After much coaxing on Fannie's part, her family consented, and gave her the money to go to Boston, although she knew no one there and had no position in view. She remained there some months, during which period her mother visited her three times, the last time taking her home after she had been arrested for loitering. After

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her return to New York with her mother, she was on probation from the Boston court, and seemed awed by the whole affair. Gradually, however, she became restless and wanted to return to Boston. She traveled back and forth between Boston and New York for the next six years, until February, 1916, when she was arrested in New York for soliciting. She was then placed on probation and lived at home, doing fairly well at a clerical position for two months. As she had become unmanageable and had a bad influence on her younger sisters, her mother could not allow her to remain at home. One of her older sisters was unusually good to her at this time, but Fannie showed no appreciation of it. She lived alone in a rooming house in New York for four months, working irregularly and prostituting practically all of the time, for which she was arrested a third time and put on probation. She violated her probation by going to Boston, where she remained about four months, working irregularly and prostituting. She said it was impossible during this time for her to get work at stenography, as there was a decrease in the demand because of a general financial depression, but she admitted that she did not feel enough interest to seek a job energetically. She returned to New York in October and went to live with a sailor who was separated from his wife. This man was away on shipboard much of the time and during these absences Fannie prostituted. She was arrested a fourth time and sentenced the following February to Bedford.

The physical examination showed nothing abnormal, with the exception of slight astigmatism and some deaf-

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ness of the right ear. The Wassermann reaction was negative and also the complement-fixation test for gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, Fannie graded 15 years and 9 months, which gave her an intelligence quotient of .98. On the Yerkes-Bridges point scale she made 90 points, which gave her a coefficient of mental ability of 1.02. She did very well in tests requiring practical knowledge and general information, and showed special ability in tests involving language, although she was decidedly inaccurate in details. She often gave the impression of dullness because of her deafness and showed considerable capacity for sullenness and antagonism.

In the beginning of Fannie's residence in the hospital, she showed great dissatisfaction and bitterness toward social conditions in general, and toward the New York courts, and was particularly resentful because it was more possible for men to disregard the law with impunity than for women. After a short time, it was possible to point out to her her own maladjustments, and while she always remained more or less reticent with regard to her mental content and past life, there were periods during which she was more accessible, and told in retrospect many of her worries and fears. For the past eight years she had had periods of depression, during which she had great fear of animals, men, falling walls, and fire. She later thought she had a multiple personality. She meditated much on the question of the existence of God and His indifference to her. She admitted leaving home because of her incompatibility with her family and wor-

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ried over possibly having been the indirect cause of her father's death, not only because of the worry she caused him, but more directly because of a fall he had when he was rushing to her during one of her screaming attacks. Her whole attitude showed suspicion, irritability, and lack of frankness. She felt that everyone was "against her" and was talking about her. Her feelings of suspicion dated back some years to the time when a relative of the family became involved in serious difficulties, and the whole affair, including the names of those concerned, was described in detail in the local papers. From this time on, Fannie felt that people looked at her and talked about her. Her deafness probably added to this idea. Her fear of fire was so great that she often stealthily put her hand to her hair to see if it was burning.

During the last weeks of her residence in the hospital she acknowledged that she heard voices, "like a whisper, like my own conscience," and also that she had visions of her dead father pointing his finger at her and saying, "You made me suffer." There were two voices in particular which also seem to represent her conscience. They were distinct and argued with each other. Finally one would dominate and would be heard alone. This voice she could not identify, but admitted that she had heard similar ones for about eight years after the family trouble.

When hallucinations and delusions were finally elicited, during a period of depression in which she was considerably disturbed, she was transferred to a mental hospital.

Little is known of her personality make-up before the

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age of eighteen, aside from the fact that she got along well at school and at home, but was inclined to be seclusive. Following the family troubles, she became more seclusive, and was irritable, indifferent and lazy. She could not concentrate on work for any length of time, was restless, and, as it was ascertained later, was reacting to hallucinations which to some extent dominated her conduct. She lacked frankness, was easily worried and angered over little things, assaultive at times, suspicious, and eager to lay the blame elsewhere for all her troubles. She never worked well at anything requiring application, but did fairly well at handwork. Her personality make-up, on the whole, was characterized by great variability in mood and emotional tone.

Summary. Fannie's seclusiveness, her supersensitiveness, her tendency to blame others for her own mistakes, her auditory hallucinations, and delusions of persecution, made the case, at the time, seem malignant, and the diagnosis of dementia præcox seem possible. Her reticence concerning her mental content and her unwillingness to have the physicians know the more important of her symptoms showed considerable insight into her mental abnormality. She gave a history of a depression, lasting two years, at the age of seventeen, during which there was psychomotor retardation. The fears from which she suffered suggested the phobias of a psychoneurosis, and her dread of being locked in a room when she first entered the institution was in keeping with such a diagnosis. Her ideas regarding multiple personality were an attempt to explain some of her varying moods after having read Prince's book on that subject.

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She was subject, however, to episodal attacks of extreme irritability and depression, in which the other patients let her wisely alone, realizing her abnormality. During these attacks she was wholly inaccessible and was subsequently reticent regarding their cause and nature. The short duration of the acute symptoms, with gradual recovery, and the history of depressions in the past, make us place the case in the manic-depressive group.

The following is an extract from a letter from the State Hospital to which Fannie was transferred:

"On admission she was depressed, emotional and appeared to be rather confused. She had ideas of persecution directed against the physicians of the Psychopathic ward at Bedford. Following her admission she continued to be rather irritable, was inclined to be quarrelsome and would not do any work. She showed this reaction for about three or four weeks and then became more quiet, adapted herself better to her surroundings and was willing to work. She continued to be quiet and well conducted, worked in a satisfactory manner in the laundry and gave no evidence of hallucinations or delusions."

The diagnosis was manic-depressive psychosis, depressed type. She was discharged eight months later, "recovered."

When interviewed after she had been discharged from the mental hospital, she said that the extreme cases of mental disease which she had seen there brought her to her senses and helped her to exert her power of self-control. At this time, however, she denied having had the hallucinations which she had admitted previous to her transfer. Fannie was then living in a boarding home for girls and working steadily. At this interview she expressed much appreciation not only for what had been

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done for her at the psychopathic hospital but also for what the physicians had done for the other patients.

September, 1922. Fannie's sister stated that she had been living at home for some time doing clerical work for which she received but \$12.00 a week. With some help from the family she was able to get on. The sister wanted her to become a nurse but she was not sufficiently interested. She was also unwilling to be treated for her deafness which was increasing. She was becoming more and more seclusive and her one recreation was reading.

CASE No. 23

Gladys C., an American woman of thirty-eight, married, was committed to the reformatory on the charge of prostitution.

Because of social and character deviation in her conduct which appeared to be entirely out of proportion to her early training and behavior, suggesting deterioration of some kind, she was admitted to the hospital nine months after her commitment to the institution.

Gladys' father was a respected, well-educated, intelligent, but easy-going American, who was formerly very well-to-do, but who a few years previously had lost his money. At the time of her commitment he was employed in a clerical capacity by the state and considered reliable and efficient. Her mother was a good-natured person and was considered over-indulgent with the patient, who was always stubborn and wilful, and who was usually able to get what she wanted from her mother. There was one other pregnancy which resulted in a still-

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birth before Gladys was born. Her mother died of tumor five years before Gladys' commitment, and her father remarried. His second wife was good to Gladys, tried to keep in touch with her, and visited her when she was living under the worst possible conditions.

Gladys was born in Brooklyn, attended school there and was graduated from the grammar school. She then went for six months to a private school, where she did first-year high school work, but left because of poor health. As a child she was healthy, active, liked excitement and good times, was idolized by her parents and spoiled. Gladys was described by her sister-in-law as a "butterfly type, fond of men but never indiscreet." After she left school she did no work and rarely helped her mother with the housework.

At twenty-four she married a man of whom her mother approved but who was considered by her father and others to lack stamina. After their marriage they lived with her parents for five years. During the first four years, two children were born. The family situation seemed to be fairly good during this period and they were happy. At the beginning of the fifth year her husband lost his position and remained idle a year, Gladys' father supporting them all. When, after the husband finally secured a position, he was not willing to promise to maintain his wife and children steadily, a quarrel ensued with his father-in-law and the husband left the house. Gladys made no attempt to follow him, although she seemed to feel badly at his desertion. She later took a business course, graduating in 1908, when she was twenty-nine years of age. Her first position was in a

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business office; she then sold books, then victrolas, and later still, taught a dancing class. She also served as matron on a boat, selling toilet articles, but was discharged because of inefficiency. She then took up hair-dressing and manicuring, but was not successful. The drifting about from place to place continued for four years. At the end of this time her mother died. Immediately following her death, Gladys began to drink heavily and to stay out all night. When she had been away from home for some days her father took her to court and she was placed on probation. Her father believed that previous to her mother's death she had been drinking, but as her mother always shielded her, he could not prove it.

A short time before her mother died, Gladys' children were placed in a home, their father at first contributing something toward their support. They continued to live there, but Gladys' father was not willing to have her communicate with them, which appeared to be a source of worry to her.

She kept her probation but a short time, then went to live with an Italian, with whom she remained four years. During this time she prostituted and shared the proceeds with him. She got on fairly well with the Italian, with whom she claims to have had only a few "scraps." In one of these she sustained a compound fracture of the jaw, which resulted in limitation of movements of some of the facial muscles. They lived in the dirtiest of hovels, according to her stepmother, with practically no furniture. One year after going to live with this man, Gladys served a ten-day sentence in jail for soliciting. At the

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end of four years she was arrested for violating the tenement house law and sent to a home for one year. At the end of seven months she was released because of good behavior and was given a position at housework, which she kept but a short time. Following this she acted as housekeeper for different men, always sharing the same room with them, a situation which seemed not at all unusual to her. Nearly a year after her discharge from the home, she was again arrested and on her father's recommendation was sent to Bedford. He felt that she had deteriorated hopelessly, that while formerly she took good care of her person she had gradually become slovenly, that she seemed to have no shame or feeling of remorse for her actions and was inclined to blame others for her delinquencies. The stepmother, however, thought that Gladys' husband laid the foundation for her later difficulties because of his excessive sex desire and its effect on Gladys. She thought they quarreled considerably some time before they separated, and it is probable they both were drinking to excess at this time. Gladys seemed to show no regret over her uncontrolled sexual tendencies. On one occasion she offered herself to her stepmother's father, a man of seventy, for a small remuneration.

The physical examination showed nothing abnormal of note with the exception of many very carious teeth and the results of the fracture of the jaw previously mentioned. The Wassermann reaction and the complement-fixation test for gonorrhea were negative. There were clinical signs, however, of gonorrhea.

According to the Stanford Revision of the Binet-

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Simon scale, she graded fifteen years and one month, which gave her an intelligence quotient of .94. On the Yerkes-Bridges point scale she made 88 points, which gave her a coefficient of mental ability of 1.00. She did well on all the practical tests and graded well above the average of reformatory girls.

Gladys submitted readily to the routine of the hospital, asked no questions concerning her transfer and showed little interest in it, coöperating well in the examination. The mental examination showed that she was well oriented in all fields, but her recent and remote memory was rather poor. She was uncertain as to dates in her own past and was decidedly vague concerning past events in history. She had difficulty with simple problems of mental arithmetic and did little better when given paper and pencil. In giving an account of her own life, she first blamed her husband for her present condition, because he began to drink four years after their marriage and went with other women after the birth of their children. She then blamed her father because he was quick-tempered and often quite unreasonable. She gave a history of seven induced abortions after leaving her husband. Her alcoholic history extended over a period of years. She was often intoxicated and when it was not possible for her to obtain liquor she would drink alcohol. She says she never had any hallucinations or delusions during or following an alcoholic bout.

There was no retardation in her flow of thought, but in her emotional reactions she was indifferent and even in talking about her children she showed no affect.

During Gladys' residence in the hospital she worked

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rather indifferently and listlessly in the kitchen, but she was always pleasant and agreeable. In her room she sat idly looking out of the window. It was found that she had strong sex desires and it was necessary to supervise her carefully in the hospital. She gradually lost much of her bitterness toward her father and later was allowed to write to her children. She was never willing to have her teeth treated. Although always pleasant and courteous, she showed no evidence of any deep emotion or regret, was indifferent to her surroundings, and was deficient in ethical discrimination.

Gladys was of the underactive adult type. She was social and adaptable, responsive and coöperative. In her manner she was pleasant, frank, and patient, and always willing and cheerful. She was never combative or irritable, aggressive or sullen. She showed good concentration and was fairly persistent. She showed unusually good intelligence in all fields with the exception of planfulness, definiteness of purpose, mental agility, originality and ethical discrimination. In the last named trait, she was especially lacking, as well as in the judgment of social values and situations.

Summary. It is not easy to trace the etiology of such a career as this woman has had. It is probable, however, that there was a lack of balance in her make-up, the physical desires dominating the intellectual. This is borne out by Gladys' description of her adolescent period. The fact that she had an indulgent mother, who shielded her in her delinquencies from her father, did not increase her resistance or control. The choice of a mate was very likely influenced by her overwhelming physical desire

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while he in turn increased what was already well developed.

The additional factor of alcohol not only made her social deviation more pronounced, but probably resulted in the deterioration which was apparent in her personality and in the mental examination when she came to us. While she was under our supervision she did well, but as evidence that she did not gain great strength from the reformatory life is the fact that as soon as she was released she took a large amount of wood alcohol, since no other kind was available. The effect of this was to make her very ill and she was subsequently returned to the reformatory where she again did well. When she left the institution the second time it was to return to her husband and two children, with whom she is still living under favorable circumstances.

The sordidness of this history, in its detail not recorded here, is the more striking because of the contrast of her superior surroundings with those of the majority of our patients. If the woman had been feeble-minded or mentally unbalanced the situation would have been easy to comprehend. But we must look for causes much more subtle than such entities and reconstruct the influences which one by one came into her life and made it increasingly difficult for her to adjust her personality, with its strong emotional desires, to the social standards of the present day.

September, 1922. Good reports have come from Gladys for the past two years. She and her husband and sons have all been holding positions which contribute to the maintenance of the home. She has been obliged to

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change her position frequently because of a reduction in the force of the companies with which she has been employed. But, in spite of this, there appears to have been no further delinquency.

CASE No. 24

Susan S., a white woman of twenty-eight and married, was committed to the reformatory on the charge of endangering the morals of children.

She was admitted to the hospital as a worker and to be examined for possible syphilis of the central nervous system and to have intensive treatment of the infection.

Susan's father was an American who was alcoholic and never supported the family adequately. He died when Susan was ten years of age. Her mother was a fairly intelligent, friendly woman who married again after her husband's death, this time a man who was better able to provide for the family but who also had the habit of going to the Overseers of the Poor for help. The family were in all probability in fair circumstances.

Susan was born in a small town in New York State. She attended school for several years, the exact length of time never being ascertained, as both she and her mother gave contradictory reports. However, she forgot most of what she learned in school and could not read or write her own name. Her mother says she never had any difficulty with Susan until she was sixteen years of age, when she ran off with a man, with whom she lived until he died six years later (1911). By him she had two children, one of whom died in infancy. The

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other a girl was then in a home. After his death she went home for a year and then ran away with an Italian, whom she married a year later. Before the marriage she had one child who died, and after the marriage a second child who was being cared for in the same home as the child by her common-law husband. Her second consort gave her a poor home, drank to excess, was arrested many times and, just before Susan's commitment, was released from the penitentiary where he had been serving a sentence for assault. Susan, during her association with him, drank and prostituted and served two jail sentences for drinking and disorderly conduct. Her present arrest occurred after her house had been watched by the police and it was found that she and another woman, also committed at the same time, were carousing in the presence of Susan's children.

The physical examination showed poor eyesight in one eye, resulting in practical disuse of that eye. The Wassermann test gave a four plus reaction. The complement-fixation test for gonorrhea was doubtful, although there were clinical signs of the disease. The examination of the spinal fluid showed a cell count of four, a negative Wassermann, negative globulin, and negative Lange.

According to the Stanford Revision of the Binet-Simon scale, Susan graded 8 years and 6 months, which gave her an intelligence quotient of .53. On the Yerkes-Bridges point scale she made 55 points, which gave her a coefficient of mental ability of .63. She graded clearly as feeble-minded, of moron grade.

In statements concerning herself she was inaccurate

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and unreliable. Often it was possible to obtain a truthful statement from her only when she knew that the truth was known by the examiner. Because of her limited intelligence, her knowledge of dates was very confused. She showed no sense of responsibility toward her children or her parents and no sense of shame or remorse. She was convinced that she could do better in the future, but had no realization of the effort required for such a procedure.

During her residence in the hospital she worked fairly well, at first doing patients' laundry and later officers' laundry. While her effort was fair, the results were in accord with her mentality. She was of the under-active, childish type, suggestible, pleasant and willing, but lacking in frankness and truthfulness. She was responsive and coöperative, and never irritable or combative. She had superficial attacks of depression associated usually with transient attacks of grief over having been arrested and committed. On the whole, however, her emotional tone was one of cheerfulness.

Summary. This patient, and the next to be described, represent the amenable type of feeble-minded individual who does poorly when allowed to cope unsupervised with the temptations of the community, but who makes a fairly desirable inmate of the reformatory institution. They both were in the hospital primarily as workers rather than as patients, and do not present the special problems of the psychopathic delinquent woman. One point of interest in these cases was that according to Wassermann tests they both presented luetic infections, even after intensive treatment covering a period of many months. It

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was felt that the infections were probably of long standing, but there appeared to be no involvement of the central nervous system. The patient was doing well at housework when last heard from.

September, 1922. The chief of police in the town where they are living reports that Susan S. and Jessie J. are "living as straight lives as they are capable of living" and have caused him no further trouble since their return from Bedford. They have committed no other anti-social acts, as far as he knows.

CASE No. 25

Jessie J., an American woman, twenty-eight years of age and married, was committed to the reformatory with the subject of the preceding record on the charge of endangering the morals of children.

She was admitted to the hospital eight months later as a worker and for the purpose of receiving intensive treatment for syphilis.

Her father was living in the South and had remarried. He was alcoholic, but otherwise little was known of him. Her mother died when Jessie was eleven years old. There were three siblings living, who from all reports were of good character.

Jessie was born in New York State. She attended school very irregularly until eleven years of age, when her mother died and she was placed in a home. After leaving the home she lived with an aunt in a small town, going out by the day to do laundry work. At nineteen she married a man who had tuberculosis and who died

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two years later. After an interval of one year (1905), she married a man who drank heavily and with whom she quarreled violently. She began drinking while living with her second husband, and according to police reports she prostituted also during this time. She had three pregnancies; one terminated in a miscarriage, one was a still-born child, and the third a child which died soon after the birth. She lived with her husband nine years, until two years before her commitment to the reformatory, when he left her and went to live in another state. Jessie did housework and worked as a laundress afterwards, but continued to drink and to frequent houses of ill-repute. Although she had never been arrested, she had been watched for years by the police and was arrested with Susan S., in Susan's house.

The physical examination showed a poorly developed woman with active manifestations of syphilis. There was a mitral lesion which was well compensated. Her teeth were in poor condition and there was marked pyorrhea. The Wassermann reaction of the blood was four plus and the complement-fixation test for gonorrhea was doubtful.

According to the Stanford Revision of the Binet-Simon scale, she graded 9 years and 7 months, which gave her an intelligence quotient of .53. On the Yerkes Bridges point scale she made 60 points, which gave her a coefficient of mental ability of .68. She was below the median for reformatory girls in all but one test. Her illiteracy added undoubtedly to the poor results, but she was definitely feeble-minded, of low moron grade.

During Jessie's residence in the hospital, where she

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remained thirteen months, she was a willing and efficient worker. She was irritable very rarely and then only after a particularly hard day's work. She was helpful in teaching other girls, took considerable responsibility in the laundry, showed initiative and was industrious. The treatment for syphilis was continued during her residence in the hospital, with disappearance of subjective and objective symptoms.

Jessie was of the adult, regularly active type, frank and pleasant, patient and uncomplaining, and undemonstrative. While in the hospital she developed a peritonissillar abscess. During its course and treatment which must have been extremely painful, she uttered no word of complaint. It was only discovered by chance and it was with great difficulty that she was persuaded to leave her work long enough to have it opened and submit to the after-care which was considered necessary.

Summary. A case such as this represents a feeble-minded woman who would have been a good citizen could the supervision of her environment have been adequate. She showed no truly anti-social tendencies, but was of the type of women who make good servants and are happy and satisfied in a protected environment. After leaving the institution she took a position at housework, but was returned to the institution for violation of parole. Nothing unfavorable has been heard of her since her discharge.

September, 1922. The chief of police in the town where they live reports that Jessie J. and Susan S. are living as straight lives as they are capable of living and have caused him no further trouble since their return

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from Bedford. They have committed no other anti-social acts, as far as he knows.

CASE No. 26

Rosie S., an intelligent but unstable Slavish girl of about twenty and single, was committed to the reformatory from New York City on the charge of petit larceny.

She was admitted to the hospital two months later because of her excitability, her lack of coöperation, her unreasonable resentment of authority and her tendency to be seclusive.

It was impossible to obtain any reliable history from her of her parents or of her home life. She told many conflicting stories. At one time, she said her family was living in New York; at another that they were still in Austria. She later said that after her mother died her father remarried and came to this country, and then, that her father was dead, and that her stepmother was living in New York City.

Rosie was probably born in German Poland and attended school until twelve years of age, receiving a fair education. She said that she had learned a little English while still in Poland. Her stories were so much at variance that it was impossible to obtain any adequate idea of her life before she came to the United States. One story, which seemed probable, was that she ran away from home when sixteen, with a man, later returning to her parents. Soon afterwards, she came to this country, and although the name of the ship and the date of landing have been verified it has not helped in establishing

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her identity, as she stated that she came on someone else's passport under an assumed name. After landing at Ellis Island, she obtained a position at housework. At this time she was little more than eighteen, but passed for twenty-three. For the next four years, or until the time of her commitment to the reformatory, she did housework in different places in New York and Long Island. Between positions, which many times were held for a few days only, she probably stole and, according to a later admission, she was also a prostitute. She was treated at Bellevue Hospital for a gonorrheal infection and served a sentence in a home for a few months, where she was considered "sly, scheming, and impassive." From this place she obtained positions at housework, but held each only a short time. On one occasion she returned to the home voluntarily because of her inability to get on with people and support herself.

From the last two employers for whom Rosie worked, more was learned of her. With the first employer she stayed one month. During the first two weeks she was pleasant and agreeable, open to suggestions, and cleanly. During the last two weeks she was lazy and careless and irritable, particularly with the children. At the end of the month, her employer, an intelligent woman of her own race, who was interested in her, offered to let Rosie remain in spite of her poor work. Rosie remained two days longer and then left without notice, taking with her a diamond ring. This was not discovered by the employer until she was later notified by a detective. Rosie then went to work for a Russian woman with whom she remained two days. The second day, when the woman

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was out, Rosie went through her pockets and took \$25.00. When the loss was discovered she threw the money in the toilet, saying, "Now you can't prove I did it." A noisy scene ensued and her employer became hysterical when Rosie threatened to "beat her up." The police came in and Rosie was arrested and sentenced to the reformatory.

The physical examination showed a very well developed, good-looking girl of about twenty with fair, wavy hair. No abnormalities were noted and the Wassermann reaction and complement-fixation test for gonorrhea were negative. There were clinical signs of gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, Rosie graded twelve years and three months, which gave her an intelligence quotient of .77. On the Yerkes-Bridges point scale she scored 78 points, which gave her a coefficient of mental ability of .89. There was some difficulty with the language factor which prevented her from obtaining as high a rank as the other tests indicated that she deserved. She was well oriented in geography, but showed little interest in current events, being plainly sensitive about her inability to answer. She was probably of normal intelligence.

From the day of her admission to the institution Rosie had an air of superiority and of antagonism which made any contact with her difficult and at times impossible. She made frequent statements that she needed no help and could take care of herself, despite the fact that she experienced considerable difficulty in getting on before her commitment. She continued during her stay in the hospital to tell many conflicting stories of her past life, but toward the end of her stay she told something of

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her childhood which was probably true. She said that she was always different from her other sisters and her brother; that her mother recognized her difficult disposition, and did not insist on the same obedience from Rosie that she did from the other children. She was always jealous of the others and particularly of one sister, who was much better looking. It was particularly hard for her to bear that this sister looked better than she did in similar clothes. Because of this, Rosie often ruined her sister's clothes or tore up her own in order to get new ones. She remarked at one time that she wished her mother had been more strict with her; perhaps then, she would not have had so much trouble later.

Rosie made no effort to conform to the rules of the hospital. She would lie in bed in the morning, keep her room in an untidy condition, seize the slightest pretext as a provocation for screaming, assault officers and girls, and steal continuously from the hospital, from officers and from other patients. She had been in the hospital one month when she escaped. She was found, after one night, and returned to the disciplinary building on the campus. After remaining there nearly a month she was returned to the hospital. For a short time after her readmission she showed some effort to conform to the routine of the hospital, but later she became excitable on little provocation, did no work, destroyed furniture when angry, lied excessively, and stole whenever anything she fancied caught her eye.

She made constant demands on the nurses and was never satisfied. She would remain for long periods in the bathroom arranging and rearranging her hair to an-

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noy the nurses, carried on whispered conversations with the other girls instead of joining in general conversations, and helped incite them to bad conduct. For months she would have an excited period every day, stimulated by the slightest cause, during which she would scream, swear, throw furniture about, and break dishes. A prolonged bath sometimes quieted her, but at times it was considered necessary to place her in the isolation room for a few days, with deprivation of privileges.

Rosie spent ten months in the hospital, during the last month of which there seemed to be a slight improvement in her conduct. However, because of her inaccessibility, it was not possible to help her much from a mental standpoint. As far as was known, she never told the whole truth concerning her life, and if she did it was not easy to know which story was the true one.

There was no evidence of mental disease at any time, and into the paranoid ideas which were directed principally against officers and those in authority, she had considerable insight. She was returned to the main campus where she hoped she would be able to adjust herself with less difficulty because of the change and the fact that she had the chance to begin again under entirely different surroundings.

The subsequent history of the case in the institution was simply a repetition of her behavior in the hospital, with the difference only that as time went on her assaultive behavior became more marked.

Summary. The points of interest in this case are Rosie's inaccessibility regarding the past as well as the present, her extreme antisocial attitude which was frankly

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paranoid, and her exaggerated vanity and love of self. She never tired of gazing at herself in the mirror and arranging her hair, and she was frank in admitting that she loved herself and herself alone. As has been said, no one ever succeeded in gaining her confidence, and we never learned the truth about her past life or her family.

She was full of hatred, even to the point of viciousness, for anything resembling authority, but she had insight into her reactions and coldly calculated the method of procedure which would in her estimation bring her the best results. If any of the tales of her past life could be relied upon, she showed a psychopathic make-up at an early age and had never developed beyond her childish egotism and jealousy.

There is no type of person so dangerous as this among our delinquent classes. The whim of the moment rules them and they brook no interference. However little was known of Rosie's conduct in general, we did know that she was capable of vicious, assaultive behavior without cause. No case responded so little to treatment of any kind than this one.

We hear about Rosie occasionally and on one occasion talked with her over the telephone. Although nothing is known of her conduct, it is understood that she is living with another patient who is said to be continuing her shoplifting career.

September, 1922. Rosie was arrested in August, 1922, together with Marion C., in a department store, for shoplifting. She was given an indeterminate sentence at the penitentiary. Since her release from Bedford, she had held, at first, positions for short periods at housework

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and as a waitress. Later on she said she was doing dress-making. She was always beautifully dressed when seen.

Last June she asked her parole officer to help her locate her relations in Europe. At that time she gave an entirely new name as her real one, and said she had both a brother and a sister in this country, whose whereabouts she did not know.

CASE No. 27

Mabel D., a German-American woman of twenty-four and married, was committed to the reformatory on the charge of vagrancy.

She was admitted to the hospital some weeks later, as a patient for treatment of syphilis of the central nervous system.

Mabel's father, who was always nervous, died of asthma at the age of twenty-two (tuberculosis?). Her mother was still living and was described as easy-going and good-natured. Mabel had three brothers and one sister living and well, but there was a history of one brother having had fainting attacks, and of a sister having had the same, following some emotional disturbance.

Mabel was born in Brooklyn, where she attended school until fourteen years of age, leaving in the fifth grade, because of the economic condition of the family. As a child she was considered delicate, but was never seriously ill. She worked for one year at various odd jobs, such as making artificial flowers, serving ice cream, making boxes, and as a chorus girl. At fifteen, she ran away

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from home because she was not allowed to marry the man of her choice. He was the son of a saloonkeeper and considered a good-for-nothing. Her family heard nothing from her until her return one year later, when she said she was married but that her husband was a drinking man. Soon after, at her mother's suggestion, she left him.

Mabel stated that when she was fifteen, following a quarrel with her husband, she had what she thought was an epileptic attack. This was followed at infrequent intervals by similar ones. No one in her family ever saw her in an attack, and she was particularly anxious that they should know nothing about them. She had even threatened to kill her husband if he told. She said she knew when they were coming on, that they were preceded by a "rush of blood to her nose," that everything became black, and that she fell if she were not supported. According to her statements, she never lost control of the sphincters, but often bit her tongue. No scars, however, were found.

Shortly after she left her husband she met a sailor on the street with whom she went to live. She was arrested soon for soliciting and served a six months' sentence in a home. Following her release, she lived at home three months, working steadily in a laundry. She had difficulty in getting on with her brothers, and especially with her older brother and his wife. This brother, she said, always beat her as a child and after she left her husband he continually referred to her unfortunate marriage in uncomplimentary terms. When she left home the second time, she went to live with another sailor, B—,

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whose name she used when admitted to the reformatory, although they were not married. While living with him, she solicited other men without his knowledge, especially when he was away, although he sent her \$20.00 a month. Later, she said he wanted her to prostitute for him, but she was "not willing to support any man."

Once, while B— was away on a voyage, she was arrested for consorting with a man, whom she was helping to steal coats. The man was sentenced and Mabel was put on probation. Her last arrest, which was followed by her commitment to the reformatory, was for vagrancy.

Physical examination showed a poorly developed woman, with slight asymmetry of face, attached ear lobules, and high palate. The pupillary reactions were normal, the knee-jerks were much exaggerated, and there was a tremor of closed eyelids, tongue, and fingers. The speech was slow and there was some scanning and stammering. The blood Wassermann was one plus. The Wassermann of the spinal fluid was four plus and there were eight cells to the c. mm., increased albumin, and a paretic curve (5555431000). There was also a history of frequent nose-bleeds at the menstrual periods, and excessive bleeding from small wounds.

According to the Stanford Revision of the Binet-Simon scale, she graded 10 years and 2 months, which gave her an intelligence quotient of .64. On the Yerkes Bridges point scale she made 60 points, making her coefficient of mental ability .70. She was slightly below the median of reformatory girls and probably of borderline grade, although at the time of the examination there

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was considerable emotional disturbance. Even in the presence of a neuro-syphilitic condition, which had undoubtedly resulted in some mental deterioration, and taking into consideration the poor school record and the lack of judgment which she had shown for many years in her social adjustments, it was believed that her mental age suggested some congenital defect.

At the time of her admission to the reformatory, Mabel made many verbal threats against the officers and physicians, and told in forceful language what she would do if they insisted on examining her. However, she obeyed meekly when spoken to and submitted willingly to the physical examination, at the same time telling of the outrage that had been perpetrated against her in sending her to such a place, and expressing a desire to sell her insurance policy to pay her way out. She also made many equally sensational threats against the judge and probation officers, showing continually her lack of judgment and sense of proportion.

When she was admitted to the hospital she came readily, but expressed the opinion that her physical condition was not receiving proper attention from the physicians and that since the officer in charge of the receiving cottage was not an "etheleptic" she could not possibly understand the care and treatment of epileptics. At this time her speech was slow and monotonous, and her conversation entirely irrelevant and incessant. It was impossible to make her fix her attention on any one question in a conversation. She could not subtract 26 from 34 without the aid of pencil and paper, and even then on suggestion changed the correct answer. She was, on the

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whole, indifferent and apathetic, but at times irritable, surly and grumbling.

During her residence of nearly eleven months in the hospital, she received intensive treatment, which she often in the beginning resisted, but finally permitted even though at times accompanying it by much screaming. The blood Wassermann became negative, but the Wassermann of the spinal fluid remained positive and there was but a slight decrease in the cell count. Her speech remained about the same, with possibly greater difficulty with the test phrases, and there was noticed toward the last of her stay a beginning weakness of the facial muscles, particularly on the left. She showed progressively slight improvement in memory and considerable deterioration in the field of judgment. She was discharged at the close of the hospital, unimproved.

She was irregular in her activities, being timid, sensitive, self-pitying and self-justifying, although loquacious, impulsive and opinionated. In intelligence, she was particularly poor in judgment. She showed little planfulness, definiteness of purpose, motor coördination and ethical discrimination. She was very suggestible. She showed fair powers of concentration in her work, but needed constant stimulation, to which she responded rather well. In her attitude, she was responsive and coöperative and much interested in emotional things. In her manner she was variably pleasant and frank, being often irritable and occasionally combative. Her emotional tone wavered considerably, showing much instability, and she cried and moaned or laughed uncontrollably with great ease.

Summary. This patient presented a neuro-syphilitic

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condition which called for intensive treatment. The mental symptoms were not marked enough to indicate transfer to a mental hospital.

Although the treatment which was administered over a period of eleven months perhaps prevented the disease from progressing, it failed to produce much improvement.

The epilepsy from which the patient probably had suffered and her mental subnormality, both contributed to the difficulty of her adjustment in an unfavorable environment, where, although she was discouraged from making an unwise marriage, the control was not sufficient either to prevent her from running away or to enable her family to get in touch with her after she had left. Her inheritance, however, was perhaps her greatest handicap, as it affected herself and her environment.

Although the future appeared to have little to offer for such a case as this, she was subsequently paroled to her home.

September, 1922. On recent investigation it was learned that Mabel was still living with her brother and his wife. Although she had held no position since leaving Bedford, she had helped her sister-in-law with the housework and appeared to be happily situated.

CASE No. 28

Evelyn L., an American girl of nineteen and single, was committed to the reformatory on the charge of petit larceny.

She was admitted to the hospital three months later

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because of the presence of choreiform movements of the extremities and face and because of her generally indifferent and unemotional attitude toward her commitment.

Evelyn's father, who was born in Ireland, was alcoholic, a poor provider, and deserted her mother twice. The first time, following Evelyn's birth, he remained away about five years. He returned and remained a little less than a year. Evelyn's mother became pregnant soon after his return. In less than a month after the birth of the second child, which died in a few hours, he deserted again. The mother was a hard-working, sad-looking woman, who had worried much over Evelyn's misconduct. She worked by the day, cleaning offices.

Evelyn was born in New York City, where she attended convent school for about eight years, finishing the fifth grade. Her mother said she never was bright in school and Evelyn maintained that her realization of her own difficulty in school was a factor in causing the chorea which she had when she was fifteen. As a child she was never strong, but had no serious illnesses with the exception of scarlet fever and suppurated cervical glands, which were operated on when she was four years of age. When menstruation was established she became more nervous and had to spend much time in bed, partly because of the menorrhagia and partly because of her nervousness. She described her condition at this time as serious. She said that it was necessary for her to remain in bed, that she was unable to hold anything in her left hand, and that she could not pick anything up from the floor with either hand. She recovered to some extent from the attack, but was never really well.

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After leaving school she worked in different factories and held one position for a few days doing clerical work. During her work period of thirty-one months she had seven positions. Her highest wage was \$8.00 and her lowest \$4.50.

Evelyn's first sex delinquency occurred when she was seventeen years of age, following which she continued to have relations with two or three different men. She admitted frankly that she had always deliberately chosen the more undesirable girls for friends and had avoided the nicer ones.

A few months before her commitment to Bedford she ran away from home with another girl. They were both out of work and unable to find anything satisfactory. They took a room together and when another tenant was away from his room, they entered and stole food and small articles of clothing. When the man and his wife returned, a policeman was called to search the girls' room. When the stolen articles were found, Evelyn and her friend were arrested for petit larceny and were put on probation.

After this, Evelyn returned home, but left again on two different occasions without telling her mother of her whereabouts. Once when her mother was out, Evelyn brought a sailor to the house and when her mother tried to enter would not unlock the door. She later went to New York City with the same sailor, living there with him. After a short period she returned home, but would give no account of her actions or whereabouts to her mother. Her mother then reported her to the court and

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she was sentenced to Bedford on the original charge of petit larceny.

The physical examination showed a poorly nourished girl with some stigmata of degeneracy. There were distinct choreiform movements of the left arm, leg, and left side of the face, and the same type of movements but much less marked were present on the right side. The Wassermann reaction and the complement-fixation test for gonorrhea were negative.

According to the Stanford Revision of the Binet-Simon scale, Evelyn graded 10 years and 1 month, which gave her an intelligence quotient of .63. On the Yerkes-Bridges point scale she scored 79 points, which gave her a coefficient of mental ability of .90. There was considerable discrepancy between the results of the two scales, but she was at least of dull normal grade and probably a border-line case.

During Evelyn's residence in the hospital her attitude was childish and she did not realize the seriousness of the situation. She was slow and indifferent about her work, and showed very poor manual dexterity. While always willing to do any task she might be asked to do, it never was accomplished. She preferred simple automatic tasks, but even with the simplest work she needed much correction, which she always resented. She was considered by the officers to be lazy, indifferent, and selfish.

After the first few weeks in the hospital the choreiform movements disappeared but returned to a slight degree when Evelyn was embarrassed or was trying to concentrate on any given task. At times she was seen to stand, apparently oblivious to her surroundings, absorbed by

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her daydreams. She continued to be forgetful in her every-day tasks and made no progress in her school work. From the time of her commitment to the institution she had nocturnal enuresis, of which she could not be relieved even with great care. She said at one time that the condition had been present since her first attack of chorea and was aggravated after the beginning of her sexual irregularities.

Evelyn was discharged from the hospital when it closed. The chorea had by that time entirely disappeared.

Evelyn was of the underactive, childish type, timid, loquacious and optimistic, and possessed a good sense of humor. In all fields of intelligence she was poor, except in language ability and memory, which were fair. She was suggestible toward unfavorable influences, although in abstract situations she showed rather good ethical judgment. In her work her power of concentration was poor, she was absent-minded and needed much stimulation. In her attitude she was responsive, coöperative, and conscientious, and showed effort consistent with her ability. In manner she was pleasant, frank and patient, but apathetic. She was willing to do anything she was asked to do, but had difficulty in carrying the tasks through to completion and oftentimes even in beginning them.

Summary. Evelyn's personality was remarkable for its negative characteristics rather than for its positive ones. Her nervous condition had for years been a handicap, together with her inferior mentality engrafted on the more fundamental disadvantages of poor inheritance

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and poor environment. Evelyn had little in her make-up of an antisocial nature and with suitable supervision and treatment in her earlier years should have become a helpful member of society.

Nothing further was learned of Evelyn, however, after her discharge from parole until she was visited in October, 1922. It was then learned that she had been married about two years to a man who knows about her past. Her mother, who works in a mill, lives with the couple and their little home is said to be immaculate. Evelyn is still nervous and does not look well, but this is probably due, in part, to the fact that she is pregnant. She was well dressed and she and her husband seemed very happy together.

A good ending.

CASE No. 29

Amanda B., a colored girl of seventeen and single, was committed to the reformatory on the charge of contracting a venereal disease.

Four months later she was admitted as a worker to the hospital, where she remained six months. She then had to be returned to the campus because of the infatuation which two white girls showed for her and the resulting disturbance caused by their jealousy.

Amanda's father and mother were colored and born in the South. They were divorced when Amanda was young, because of her father's drinking. When Amanda was four years old her mother brought the children to New York, where she supported them by doing day's work. Her mother was considered a nice, hard-working

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woman who, although unsuccessful, made a distinct effort to care for her children. The father, on the other hand, never contributed to their support. After seven years it was impossible for her to support them all, so she put the children in a home. There Amanda's brother was reported to have had a good record, but she was considered not to have "much strength of character, to be easily influenced but docile." Two years later her mother married a railroad porter, and took the children. From this time on for the next two years, Amanda went to school irregularly, played truant, and finally refused to go at all. Her mother had considerable difficulty with her in other ways because of her wilfulness. Amanda's stepfather did not prove to be a good provider and when Amanda was fifteen her mother again went out to do housework. Amanda worked with her at times, but she was so lazy and careless that she stayed only a short time in each place. While working in the last place with her mother she ran away to visit her father, who was living with another woman. During the two weeks she was with him, she was out late at night at dances. After she had been out all one night her father took her to court. Her mother then took her home again and found a position for her at housework, which Amanda held for three months, earning \$7.00 weekly. She grew restless again and ran away a second time to her father, who, although his own standards of living were primitive, could not tolerate the same standards for his daughter. He wrote to her mother that he could no longer keep Amanda from attending dances and associating with bad company. As a result, her mother came to the city and complained

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of her daughter in court. Amanda was sentenced to a home, where it was found she had gonorrhea, on account of which she was transferred to the City Hospital. As she refused treatment there, she was taken to court and sentenced to Bedford.

The physical examination showed a young colored woman with thick lips and very dark skin. The pupils were regular, reacted promptly to light but immediately dilated again. The lungs showed signs of an old process, entirely healed. The blood Wassermann and complement-fixation test for gonorrhea were negative. There were clinical signs, however, of gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, Amanda graded 11 years and 8 months, which gave her an intelligence quotient of .86. On the Yerkes-Bridges point scale she made 75 points, which gave her a coefficient of mental ability of .73. She was slow but accurate and was well informed in practical knowledge and general information. She graded in the inferior normal group.

During the six months Amanda was in the hospital she worked in the laundry. She could and usually did do fairly good work under supervision, but she was inclined to be lazy and to shirk, although she was usually good-natured. She objected to any added duties, and was sullen, impudent, and irritable after correction. On one occasion when she thought she had not been fairly treated she screamed loudly. She lied invariably to escape censure, was boastful, dishonest, and misrepresented matters in order to evade work. It was often only with con-

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stant urging that she exerted herself either mentally or physically. The greatest difficulty arising from Amanda's presence in the hospital was due to the infatuation shown by white girls, especially when she was the only colored girl in the house. Feeble-minded girls, in particular, became very much attached to her, and the feeling aroused was intense and the cause of great emotional disturbance. Although Amanda was fairly passive in the affair, she enjoyed the situation keenly.

Amanda was of the imitative, underactive, primitive type, with limited intelligence, particularly in the fields of judgment and ethical discrimination. She was boastful, untruthful and lazy, and showed poor concentration in her work, although she could be stimulated to fair production. She was usually pleasant and cheerful, but took all matters, no matter how serious, very lightly. Toward her commitment she showed regret only in that her liberty had been curtailed. She had no appreciation of its seriousness and of the dangers accompanying the course she was pursuing.

Summary. The greatest problem that Amanda presented was the infatuation for her that she unconsciously aroused among the white girls. Not unattractive in personality and always ready for fun, she readily supplied through her racial characteristics a feminine substitute for the masculine companionship they were temporarily denied. The undercurrent of the emotions aroused in such infatuations is felt at times throughout a large group of girls and the emotional explosions are difficult to control. This case, which is described more fully in an arti-

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cle previously published,¹ will not be gone into in further detail here.

With her family standards before her and not too good an inheritance, intellectually or nervously, it is not strange that Amanda's nature tended to gravitate toward the gay life of the city. In spite of her low ethical standards, there was nothing vicious in her make-up and, notwithstanding the taste she had had of "living," it is probable that with suitable supervision she would have been able to do fairly well in the community. Her mother, however, did not have sufficient influence over her to control her, so that additional supervision from outside sources was necessary.

September, 1922. After Amanda's discharge, she lived with her mother for a while in a suburb, although the big city still had the same lure that it had had previously. About a year ago she married a man whom she had known before she went to Bedford. The mother says that he is very "straight and strict with her" and she thinks he will be able to control her. They are both working for a family in a town not far from the mother's home. A child was born about the time of the marriage which is being cared for by Amanda's mother. The paternity of this child was not ascertained. The mother feels, however, that Amanda is doing well.

¹ Spaulding, Edith R.: Emotional Episodes among Psychopathic Delinquent Women. *Journal of Nervous and Mental Disease*, Vol. 54, No. 4, October, 1921.

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CASE No. 30

Mina M., a subnormal white woman, twenty-one years of age and single, was committed to the institution on the charge of disorderly conduct.

She was admitted to the hospital two weeks later because of her story that she had been on three different occasions a patient in a mental hospital, because of her excessive lying and fabricating and her statement that she had been in a trance for the two weeks previous to and following her commitment.

Mina's father, who was not legally married to her mother, died at the age of seventy-two. By a previous marriage he had had four children who had better standards than the children of his common-law wife. Mina's mother, who had also had four children by a previous marriage, was an ignorant, coarse country woman. At the time of Mina's commitment she was living in extreme poverty, earning but about one dollar a week. With her were her two daughters, younger than Mina, and Mina's illegitimate child of four years. To this child's support Mina had contributed but \$16.00.

Mina was born in Connecticut and attended school for eight years, reaching only the fourth grade. Her mother described her as a timid, nervous, delicate child, who had no serious illnesses, but was late in walking and talking. Her mother also told the story of her having been struck by lightning at four years of age and becoming unconscious. The coma lasted some hours and it was thought by the mother that she was dead. The mother's statements, however, were considered unreliable.

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After leaving school at fourteen, Mina lived in different places, doing housework, but was soon discharged from the houses in which any standards were maintained. She was promiscuous sexually at this time and while holding one of her positions had an illegitimate child whose paternity was unknown. A Greek who was fond of her was willing to marry her, even after the birth of the child, but Mina, who preferred the irresponsibility of unmarried life, refused, and sent her child home to be cared for by her mother.

During the following four years Mina lived with various men and held for short periods a few positions at housework. Her conduct became so openly irregular that she was arrested and sentenced to the reformatory.

The physical examination showed a short, stout young woman with broad hips and prominent abdomen. The features were heavy and the eyes were close together. No further anomalies were noted. The blood Wassermann was negative and the complement-fixation test for gonorrhea was doubtful. There were, however, clinical symptoms of the disease.

According to Stanford Revision of the Binet-Simon scale, Mina graded nine years and eight months, which gave her an intelligence quotient of .60. By the Yerkes-Bridges point scale she received 66 points, which gave her a coefficient of mental ability of .75. She probably was of the border-line group, but the point scale would indicate that she might grade as a low normal.

The first day that Mina was interviewed after her arrival in the institution she said she had just "come to" and that she did not know where she had been during

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the last four weeks. She then fabricated concerning her family and her own experiences, stating that she had been married, that her husband had been killed in an automobile accident, that she had been a patient three times in a hospital for the insane, that she was epileptic, unconscious for long periods and that at times she saw her dead father. It was felt at the time that this was all told with the hope of being sent to a state hospital, which she considered preferable to a reformatory. She fabricated, however, almost continually when talking with the other girls. Once, she told a girl that she had married the girl's brother and that she had had herself committed to the reformatory in order to help the girl to get out. At times it was possible to get her to acknowledge that these statements were all false and she sometimes said she did not know what made her lie so.

At one time she denied her identity as Mina M., and said that she had taken Mina's place and was serving her sentence in order that Mina might go to France with the Red Cross. She once wrote a letter to her mother to that effect. She occasionally had short periods of depression when she said she wished she were dead or insane, since in either state she felt she would not have all the problems of reality.

Concerning her fabrications, she said, toward the end of her residence in the hospital, that she had "gotten in the habit of lying and couldn't stop it." However, as time went on she told fewer stories and for some weeks previous to her discharge from the hospital she worked well and efficiently, doing the girls' laundry unassisted. She was discharged when the hospital closed. It was

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not believed that she had true hallucinations or delusions, but she was considered a pathological liar, although many of her lies were told with a purpose, particularly in the beginning, with the hope that she might be transferred to a mental hospital.

She was of the adolescent, underactive type, and was social, loquacious, sensitive, self-justifying and self-pitying. In the estimates of the hospital staff she was considered poor in learning ability, judgment, planfulness, definiteness of purpose, esthetic appreciation, ethical discrimination and originality, and her movements, reactions and manner of speaking were slow and labored. She was extremely suggestible and showed unusually good imaginative powers. In her work she was variable, showing poor concentration and needing stimulation. In her attitude she was responsive, coöperative and interested, but self-depreciative and easily discouraged, being found frequently sitting by herself with a despondent air. In her manner she was pleasant and patient, speaking always in a monotonous voice, but never irritable, combative or aggressive. Her emotional tone was sometimes slightly depressed but for short periods only.

Summary. Mina represented the dilapidated social status which one finds in remote country districts. One could almost be thankful for Mina's imagination because of the compensatory pleasure she obtained from it.

Seeing her sitting by herself, away from the main group, one's sympathy and interest would be aroused by her forlorn air. Going to her to find out something of her mental content, a series of blood-curdling stories would come forth in the slow monotone that suggested

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the epileptic voice. Mina had a moving-picture machine all her own and there was no price of admission, either for her or for her friends. We not infrequently find pathological lying in dyspituitary conditions. There may well have been such an association in Mina's case, as she was short and stocky in build and suffered from headache and irregularities of menstruation. Had this condition been studied more thoroughly with X-Rays and an examination into the body metabolism, further evidence would perhaps have been found.

Her inferior intelligence did not make the prognosis any more favorable and it seemed probable that Mina would remain an object of charity for much of her life. Such types as this have great difficulty in maintaining an independent existence in our society and we fear that no man who would marry Mina would be able to help her materially or exert much control of a constructive nature over her. Mina was discharged only on expiration of her sentence, when she was taken to her mother in a neighboring state.

September, 1922. In September, 1921, Mina gave birth to a child whom she subsequently gave up for adoption.

A strange woman who found her the center of a crowd on the street took her to her home for the night and on the following day made arrangements for her to go to a lying-in hospital. It was thought that she was not married. No further information regarding her could be ascertained.

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CASE NO. 31

Estelle R., an intelligent but unstable American woman of twenty-nine and married, was committed to the reformatory on the charge of bigamy.

She was admitted to the hospital three weeks later because of a mild suicidal attempt. At that time she was nervous, emotionally unstable, and showed a tendency to fabricate.

Estelle's father and mother were Americans. They were well thought of in the community and worried much over Estelle's later delinquencies. Her father was a prosperous contractor, who died two years before Estelle's commitment. Her mother died of heart disease five years previously. Estelle always had a good home as a girl and her mother especially was anxious that she should have every opportunity, but was inclined to be too indulgent. Her father, on the contrary, according to Estelle, was very stern, almost cruel to her, and never appreciated any of the good work that she may have done at school or at home.

Estelle was born in New York City and lived there most of her life. She was an only child and had what might be considered unusual opportunities had she taken advantage of them. She attended school in New York City, finishing grammar school and one year of high school. During her school years she stole some small articles from a store and was inclined to be free in her relationships with boys.

At seventeen she ran away and married a boy two years older than herself. Her husband understood that

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she had been in some girlish escapades before marriage, but did not consider them serious. They lived together for four years, during which time two children were born. The first died soon after birth and the second, a boy, was ten years old at the time of Estelle's commitment to the reformatory. At this time he was being cared for by his father and paternal grandmother. Estelle never took any care of this child and seemed to have no maternal feeling for him. For some time before her separation from her husband she was staying out late at night, and spending money more freely than she could afford. She gossiped, was generally troublesome in the neighborhood, and was an inveterate trouble-maker in her husband's family. Her husband was gradually becoming discouraged and disgusted because of her behavior, when he met with an accident and was in the hospital for six months. On returning home, he learned that she had been living with another man, and after finding them in a locked room he left her. Estelle, however, has her own version of the story, which was that she was faithful but that her husband was associating with other women, so in self-defense she followed his example.

According to the court record, she married the man soon after her husband left her. This marriage Estelle denied. The man, who at first did not know of her previous marriage, left her soon after he learned of it. He took the matter to a lawyer but decided to do nothing because of his consideration for her mother. He heard nothing more from her until he learned of her third marriage in 1915, five years later. However, the police in New Jersey said she was known all through that section

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and it was the consensus of opinion that she had lived with many men and probably married some of them.

She lived with the third husband two months, at the end of which time she left him, according to his testimony, very much against his wishes, to visit in another state. While she was with him she was extravagant and ran up large bills. She claimed that after two days he wanted her to go on the streets, prostituting; that she left him on this account, and that while she was away she learned from his sister that he had died. She then immediately married her fourth husband, a well-to-do business man. They lived together in a well furnished apartment and were very happy and fond of each other. One day, while riding on a car, she met her third husband. According to his statement, she seemed glad to see him, told him that in the interim a son had been born to them and asked him to come to see her. He met her every day for a week at lunch and gave her about \$150.00. Accidentally, he learned her true address and went to see her. When he found out she was again married he consulted a lawyer to recover his \$150.00, employed detectives, and had the case taken to court.

According to Estelle's story, she told him when she met him that she had thought him dead and had consequently remarried. He then demanded \$150.00 "hush money," which she gave him. As time went on and she could not meet his continued blackmailing demands, he complained to the district attorney, and as a result, she was committed to Bedford.

Her last husband was not eager to talk of the affair. He said they had been fond of each other, but that lat-

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terly she ran up enormous bills, some of which were still coming in, mostly for rent of automobiles. His mother said that Estelle was a very difficult person to live with, was a trouble-maker, and lied constantly about her past life and especially about her wealthy and influential relations.

Her lawyer felt that she was "absolutely no good" and that she was a very dangerous person because of her ability to deceive. While living with her fourth husband she went to the state prison on several occasions to see a man serving a twenty-year sentence for the murder of a New York millionaire. Although she stated that she had become interested in him through a welfare organization, it was felt that she may have been involved in some very serious affair.

However, after her commitment to the reformatory she never was willing to admit any more than came out in court, and in telling what she did of her past she invariably colored it to her advantage.

The physical examination was negative and the blood Wassermann and complement-fixation test for gonorrhea were negative. During the few weeks she was waiting in jail she lost thirty-one pounds, which was gradually

According to the Stanford Revision of the Binet-Simon scale, she graded thirteen years and ten months, which gave her an intelligence quotient of .98. On the regained during her residence in the hospital.

Yerkes-Bridges point scale she scored 86 points, making her coefficient of mental ability .98. During the last half of the examination she became very nervous and was afraid she would fail and not make a good impression.

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She was well above the average of reformatory girls and of normal intelligence.

During her stay in the hospital it was not possible to make any permanent contact with her. She considered her sentence as "serving time" and scorned any help. She persisted in her original story, and said she was not willing "to be studied." She did very little work and what she did was poorly done. She had a bad influence on the other girls, suggesting plans of escape, riot, and general disorderliness. She was often found talking to a group of girls, and if the nurses came in sight she would immediately begin to laugh loudly to convey the impression that the conversation had been wholly innocent. On one occasion, she was heard to carry on an obscene conversation with another patient and was often heard to tell the girls of her experiences with men.

She was discharged from the hospital after three months because of her unwillingness to coöperate, her lack of desire for any help, and her propensities for instigating trouble.

The traits that stood out most conspicuously in her personality were lack of frankness and coöperation, extreme egotism, self-satisfaction and self-justification, and refusal to take responsibility. In her manner she was usually pleasant, especially with the officers, but unexpectedly defiant, sullen, aggressive, irritable and combative. Her emotional tone was one of great instability and she was easily upset over trifles. Her intellectual capacities were good, but she varied much in attention and concentration, and responded poorly to stimulation. She made no

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further suicidal attempts and there was no sign of any depression.

Summary. The early causes of a career such as this woman had had are difficult to unravel so many years after its beginning. At the time of her residence in the hospital, however, she presented, not only emotional instability, but an exceedingly difficult and unadaptable personality make-up. The attempt at suicide was apparently the result of her unwillingness to accept the penalty for her disregard of social customs. The more leniency was shown her the more she took advantage of every one. The only course of treatment which seemed open was a supervision which was strict enough to prevent her from influencing unfavorably the patients in her immediate environment. She was so thoroughly unreliable that no contact that was made with her could be depended on to any extent. Her plausibility and pretended coöperation made her deep-seated antagonism the more treacherous.

The habit of marrying on which she had learned to rely might be looked upon as an infantile plan for obtaining that which she wished without the obligation of the usual legal procedures. Her trouble making may be interpreted as a compensatory mechanism which substituted unconstructive power for the more constructive kind that she lacked.

A case of such long standing as this presents little hope from a standpoint of reconstruction. After Estelle had violated her parole she was met on the street by the parole officer, who was unable to apprehend her because

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of some Italians who interfered and enabled Estelle to escape.

November, 1922. Estelle is still wanted for violation of her Bedford parole. It has recently been learned that about a year ago she returned to the last man she had married. She robbed him and departed, leaving a note saying that no one would ever see her again. She has not been heard of since.

CASE No. 32

Julia A., an American girl of seventeen, single and of inferior mentality, was committed to the reformatory on the charge of vagrancy, having contracted a venereal disease.

She was admitted to the hospital because of the possibility of syphilis of the central nervous system.

Her father and mother separated when Julia was young, and Julia then lived with her mother and maternal grandmother in a small town. Her father, "a most repulsive appearing" man, was living at the time of Julia's commitment with her mother's half-sister, but was not married to her. Her mother was keeping house for an unmarried man, and it was thought by the townspeople that they were living as man and wife. The father, who drank excessively, was considered a "dissolute, worthless" man, was abusive to his wife and had never supported his family. The woman he was then living with was somewhat older, "wizened and sad-appearing," and probably was their only means of support. The mother was a fairly intelligent, unrefined but

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likable woman, who had low moral standards and expressed no deep emotion over her daughter's difficulties except when she said that she wished the girl with whom she was associating had been punished, too. She had had three children, two boys and the patient. Both boys were considered of low mentality and one had been forced to marry.

Julia was born in a small town, where she lived all her life, scarcely having left it except to visit an aunt when quite young. Here she was so unmanageable that she had to be sent home. She attended school until fourteen, went regularly, and received fair credits. At fourteen, she went to work in a silk factory, earning \$4.50 weekly. She maintained that at about this time she was raped, and stated that following this she was promiscuous sexually, associating with the worst girls in town and frequenting a saloon of bad repute.

She worked for short periods in different factories, earning a small wage. While her mother knew to some extent of her conduct, she did not interfere or remonstrate with her. About one year before her commitment, Julia began to associate with a married man of bad reputation, who was known to have infected other young girls. From him, Julia contracted a syphilitic infection which was very virulent. On her complaint, the man was taken to court, but while his reputation was known to them the jury did not convict him because of lack of evidence. Julia became so sick that her mother had a doctor for her, who recommended her going to a hospital. The authorities of the local hospital would not take her in, so she was sent to the City Hospital in

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New York City. Here, the doctor said she had the most malignant case of syphilis he had ever seen, and when the lesions cleared up he recommended that she have further observation. Since she could not be cared for in the local hospital, she was sent to Bedford.

The physical examination showed a fairly well nourished, anemic girl of seventeen, with slightly enlarged thyroid. Over arms, legs and trunk were numerous large serpiginous scars from the luetic lesions, and the vaginal examination showed the canal to be occluded with tense scar tissue. The pupillary reflexes were normal, the wrist and elbow jerks not obtained and the knee jerks present, but diminished. The Wassermann of the blood and spinal fluid was negative, the cell count of the spinal fluid was 12 per c.mm. and the other laboratory findings were negative.

According to the Stanford Revision of the Binet-Simon scale, Julia graded 11 years and 6 months, which gave her an intelligence quotient of .72. On the Yerkes-Bridges point scale she scored 69 points, making her coefficient of mental ability .78. She was above the median of reformatory girls and of normal but probably inferior intelligence.

During the patient's stay in the reformatory and hospital she was always quiet, almost stolid, and accepted situations as she found them. She appreciated the seriousness of her condition and realized the necessity for supervision. She never made any disturbance and was helpful in the hospital.

She was discharged on the report of a negative spinal fluid.

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Summary. This case presents no particular features of individual social interest beyond the too frequent one of unfavorable environment, with perhaps an inferior inheritance, if we may judge this by her mentality. It did, however, present an important physical and social problem of general interest. The case was first admitted to the reformatory in a truly terrible condition due to the lues. At that time, the state did not provide for the administration of salvarsan in the institution. Julia was, therefore, returned to the court and was finally admitted to the City Hospital, where she obtained the treatment that she needed.

The reformatory at the present time is supplied with facilities for giving salvarsan. It is to be hoped that the state and local boards of health will insist upon such treatment being administered in every state, city and county institution whenever it is indicated. Since the figures of some institutions show the incidence of syphilis to be nearly fifty per cent., the need is usually great.

That the individual who had been the source of not only this but other infections was allowed to go free, with neither examination nor compulsory treatment, is a reflection on our present social status. Fortunately, since that time laws have been enacted in certain states which provide for just such situations.

After being paroled Julia returned to the institution for an operation. She later went back to her mother and to her unfavorable environment.

Investigation in September, 1922, revealed the fact that Julia had died the previous May, of heart trouble, after an illness of five days.

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CASE No. 33

Matilda P., a colored woman, single, who gave her age as twenty-nine but looked some years older, was committed to the reformatory on the charge of petit larceny.

She was admitted to the hospital a few weeks later because of the possibility of syphilis of the central nervous system.

Matilda's father was dead, but her mother was still living in Virginia, and ran a small farm, from which she supported herself.

Matilda was born in Virginia, where she attended school for a short time. She left, however, in the first grade, barely learning to read and write. When fifteen, she came north to New York State, where her brother was living. She remained four years, doing housework, at which she was fairly efficient. She then returned to Virginia because she was pregnant. She gave birth to a boy, who at the time of Matilda's commitment, was ten years of age and was living with the maternal grandmother, helping her with the farm. After two years, Matilda returned north and lived in New York and in some of the surrounding towns, for three years, doing housework. She then went to live with her present consort.

They had been arrested four times for fighting and for drinking. She was released every time, as the judge considered the fighting a family affair. When sober, Matilda was a quiet, orderly, likable person, but after one drink she became an entirely different personality, starting to fight with anyone in sight, demolishing

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furniture and once breaking down a stove. Her consort was abusive to her and the other colored people in the vicinity wondered how she put up with him. He often chased her about the neighborhood with a knife, running in and out of other houses. He was arrested many times, too, principally for fighting with Matilda, but was always released. The provocation for their fighting was often because of her association with other men. It was known, however, that she prostituted while living with him and that she and another woman ran a house of assignation. Matilda was complained of in court by a colored man whom she had solicited, for stealing \$10.00 from his pocket, and since there was so much disturbance in the neighborhood in which she lived, the judge committed her to Bedford. The neighbors said later that the place did not seem the same after Matilda and her consort left. He, it was said, was anxious to have Matilda return to him.

The physical examination showed a fairly well developed colored woman who looked about thirty-five years of age. There was a history of three miscarriages occurring during the past three years, each terminating before the sixth month. The blood Wassermann was four plus, and the complement-fixation test for gonorrhea was positive. The Wassermann of the spinal fluid, however, was negative throughout, the cell count being but 5 per c.mm.

According to the Stanford Revision of the Binet-Simon scale, Matilda graded 8 years and 4 months, which gave her an intelligence quotient of .52. On the Yerkes-Bridges point scale she scored 47 points, making her

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coefficient of mental ability .53. She was below the median for reformatory girls, and was considered of moron grade. She was very ignorant in general information and was very superstitious.

The first night Matilda was in the institution she made an unsuccessful attempt to escape. Later there was further trouble for which she was punished. However, she afterward said that when she saw how happy girls were in the institution and what good times they had she was anxious to be out with them, rather than in isolation for misconduct. Her mental content was in no way abnormal, other than that of a feeble-minded colored woman with the superstitions and primitive impulses of the race.

Summary. This case presents the problem of the colored woman of inferior mentality, who brought with her from the South the standards which are often accepted in that part of the country as attributes of the race, that is, petty thieving and sex promiscuity. Aside from this, Matilda had a somewhat unstable nervous system, which could not tolerate the use of alcohol. It was this idiosyncrasy that seemed the root of most of her trouble. Her unfavorable selection of a mate seemed to have enhanced this characteristic and given it provocation for expressing itself with greater frequency.

Such a case as this might be committed to an institution for the feeble-minded should the difficulties in the neighborhood in which she lived prove to be too disturbing. Considering, however, the overcrowded condition of such institutions, it is probable that she will be allowed to continue her life of freedom, and that the places in

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the schools will be reserved for those who are less able to earn their living in the community.

Matilda was paroled to do housework but left her position the day her sentence expired.

September, 1922. Since she left Bedford, Matilda has been in trouble continually. During the past seven years she has had the following arrests:

Violation of terms of parole	3 times	Intoxication	.....	2 times
Grand larceny	..... 2 "	Disorderly conduct	..	2 "
Petit larceny	..... 2 "	Assault	.....	2 "
Larceny	..... 1 "	Violation of penal law	1	"

The fact that her husband died a year ago did not seem to improve her condition. When interviewed, she was both dirty and untidy. She had a black eye, which she explained resulted from her falling downstairs that morning. She giggled foolishly at every question and was very evasive.

The police reported that she had been in court only that morning as complainant against a man who had struck her. The man was fined twenty-five dollars.

CASE No. 34

Carmella T., an American girl of Italian parentage, twenty years of age and single, was committed to the reformatory on the charge of soliciting.

She was admitted to the hospital from the reception cottage four months later, when it was noticed by the officer in charge that she was worried and depressed.

Carmella's father and mother were both living. Her mother was somewhat incapacitated from rheumatism and

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heart disease. Her father, a cobbler by trade, had suffered a transient attack of blindness, following which his eyesight had been much impaired. At the time of Carmella's commitment he was earning as little as \$3.50 weekly at his trade, because of his defective vision. Although he had been in this country twenty-eight years, he spoke practically no English. Up to the time of his trouble with his eyes the family was in fairly good circumstances, but following it their condition altered materially and at one time it was necessary for them to seek aid from a charity organization. The patient was the youngest of ten children, seven having died in infancy and one married sister having died in childbirth. There was one sister living, who was married and doing well. She showed considerable sense of responsibility toward her parents and was kind to Carmella, taking her into her home and helping her financially even after Carmella had proved herself most ungrateful.

Carmella was born in Brooklyn, and attended convent school until thirteen, reaching grade 5B. She never did very well in school and lost promotion three times. Before she was ten years of age she was considered "wild" and often eluded her mother in order to go to the movies after school. When ten years of age she decided voluntarily to go into a convent and later expressed the desire to be a nun. She soon tired of the restricted life in the convent and returned home to be as "wild" as before. She remained at home until she was twelve, when she again voluntarily entered a religious home. About this time she received her first communion and contrary to the orders of the Sisters she carried a lighted candle. As a

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result, her veil caught fire and she sustained an extensive if not serious burn involving chin, neck, chest and arms. Her convalescence extended over a considerable period and for some time she continued to work in the hospital wards, where her conduct was reported to have been good. After returning to her home, however, she became so troublesome that, at the age of fifteen, her mother contemplated having her committed to another religious home. However, Carmella went voluntarily and remained there a year, being considered by the officers of the home as "dull and stupid." She stated that while in this institution she formed undesirable friendships and learned much that was harmful. She expressed great fondness and admiration for "religious people," until she was committed by the court, when seventeen, to the same institution. She then suddenly grew "sick and tired" of the Sisters and their ways.

Just previous to her last commitment to the home she became pregnant, claiming to have been "raped" by an unknown man while alone in a park. This statement was probably false, as she later gave as an excuse for concealing the name of the father of her child the fact that she was fond of him and feared that his knowing she was pregnant might influence him against her. When it was discovered in the home that she was pregnant, they returned her to her mother. She was unwilling to let her parents know of her difficulty, so she communicated with her sister in another city. Her sister sent for her and when she found that Carmella was pregnant arranged for her confinement in a hospital, paid all the expenses and made the plans for the adoption of Carmella's child.

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In this way Carmella's parents knew nothing of the affair and Carmella was protected from any embarrassment which might have arisen had the knowledge of her pregnancy become known to her friends. After the birth of the child her sister took her home and Carmella immediately ran off with her sister's fur coat and diamond ring. She said herself that her infatuation for sailors was so strong that she could not keep away from them, and that she took the coat and ring to make a stronger appeal to them.

When the sister discovered the loss, she followed Carmella, and although she insisted on the return of the ring, she allowed Carmella to keep the coat as an inducement to better behavior. However, after being allowed to keep the coat, Carmella continued even more energetically in her pursuit of sailors. She returned to New York City and for one year prostituted steadily, until she was arrested and sentenced to Bedford.

The physical examination showed extensive but superficial scars of the upper part of the body. The thyroid was enlarged and there was tremor of the hands and tongue which suggested the presence of a hyperthyroid condition as a basis for her great overactivity. The upper teeth showed indentations along the edges and there was a marked pyorrhea. The Wassermann reaction and the complement-fixation test for gonorrhea were negative, but there were clinical evidences of gonorrhea. The fact that seven children died in infancy, that the father was blind at an early age, that the mother suffered from some vague type of rheumatism, and that Carmella showed, among other stigmata of degeneracy, defective

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dentine, made the diagnosis of congenital syphilis seem possible.

According to the Stanford Revision of the Binet-Simon scale, she graded 9 years, 11 months, which gave her an intelligence quotient of .62. On the Yerkes-Bridges point scale she scored 68 points, which made her coefficient of mental ability .77. She showed poor comprehension, defective judgment, and inability to correlate facts. She was clearly defective and of moron grade.

She was admitted to the hospital when it was found that she had been crying for some nights and was rather depressed. She remained in the hospital until its close, nine months later. During this time she worked fairly well, but was sensitive if corrected and was easily confused, especially if anything new and unusual was expected of her or if anything interfered with the work she had already planned. She showed a marked craving for affection and seemed to do much better work if she thought the officer in charge of the group in which she worked thought well of her.

She formed rather strong attachments for some of the girls and showed considerable jealousy. She formed an especially strong friendship for a colored girl, which became the occasion of much disturbance in the hospital. She later professed much shame over the episode, but emphasized her resentment of any allusion to it by a sullen and rather defiant attitude.

Carmella was always of an excitable type, reaching almost an hypomanic phase. It was almost impossible to control her loud voice and excited manner. With a little discouragement she would sink swiftly to the depths,

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to be brought out as quickly by an opportunity to express her affection or her emotion. Such an outlet might come through throwing herself at the matron's feet and begging forgiveness or by being able to tell some officer how much she cared for her.

At the time of her discharge from the hospital she seemed to vary less in mood, but she remained sensitive and cried easily. Even at the end of the hospital residence she would rush to her room in tears over some imagined slight, sometimes returning voluntarily in a penitent mood and at other times becoming quiet only after a prolonged bath and a rest period of some hours' duration. She never assumed any responsibility toward her sister or expressed gratitude for her sister's sacrifice. She even at times censured her sister for having had her child taken away from her, saying that she would have done better had she been allowed to assume the care of it herself, although she had no idea of the responsibilities involved in supporting and caring for a child.

Carmella was of the underactive, immature type, with poor intellectual ability. She was suggestible, easily offended, self-pitying and self-justifying. In her attitude she was coöperative but easily discouraged and changeable. In her work she showed poor effort, but needed much stimulation and encouragement. In her manner she was very demonstrative, but at times sullen and irritable. She was interested particularly in emotional things and her dominant mood was one of depression.

Summary. Carmella presented, besides defective intelligence, very great emotional instability. She was, however, never mean or underhanded, as many of our

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patients were. The most prominent characteristic of her make-up, aside from the manic-depressive nature of her temperament, was her apparent joy in sacrifice. Early in life she wished to enter a convent and later on to leave the world forever and forswear its joys which to Carmella were very real ones.

She loved the opportunity, which she sometimes even created, to ask forgiveness, and she did it always on her knees in a satisfying, melodramatic way. She had, also, as had many of our cases, a strong histrionic tendency, which undoubtedly added to the melodrama of those moments and increased the amount of satisfaction obtained.

With all her irresponsibility and ingratitude, Carmella was not fundamentally malicious and it is good to know that she has done well since her discharge from the institution.

At first she did housework in a somewhat protected environment. When seen in September, 1922, she had been married for a year and a half to a man who knew about her past. She seemed very happy in her little four-room apartment, which suggested a hospital ward with its white furniture and cleanness. She was still quite nervous, however, regretted the fact that she had no child to care for, and found herself growing restless with only her few housekeeping cares to occupy her. Let us hope that the attractive young husband, who, she says, "made her go straight," will continue to be equal to the occasion.

(For further description of this case, see "A Study of Emotional Episodes among Psychopathic Delinquent Women.")

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CASE No. 35

Louise D., a young American girl of eighteen and single, who had always been nervous as a child and had had chorea, was committed to the reformatory on her father's complaint, for vagrancy.

She was admitted to the hospital one month later because of choreiform movements, restlessness, irritability, and difficulty in mental application.

Her mother died suddenly of heart disease when the patient was eleven years old. The suddenness of her death was a great shock to Louise, who worried much about it, especially at night, but never talked the matter over with anyone. Her father, who was alcoholic before his wife's death, drank to greater excess after it, and took no interest in his two daughters, leaving them alone much of the time and especially at night, while he lived with another woman. Louise's sister, a few years her senior, was a pleasing, intelligent girl, who remonstrated with the patient for her indiscretions but never won her confidence to any extent and had no influence over her.

Louise was born near New York City, where she attended a convent school as far as the eighth grade. She then had an attack of chorea for which she was sent to a hospital, where she remained eight months. Following this, she was taken by an aunt of one of the nurses in the hospital, who was interested in her, to her home in Long Island. Here the patient had very little work to do and was allowed to attend school. She waited on table, but her duties were chiefly as a companion to her employer. She was described by the woman as "artfully

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deceitful, slovenly, two-faced, having an exaggerated idea of her superiority and considering work beneath her." Louise spoke slightly and untruthfully of her employer to the neighbors, gossiped, and misrepresented situations. She showed a tendency to associate with the most undesirable girls and had for a special friend a colored boy. She became so unmanageable that her employer requested her father to take her home. She remained at home until she was committed to the reformatory, about a year later.

Louise worked irregularly in different factories, earning a small wage, was wholly unsupervised at home, and became so filthy that she was given a week off at one factory to clean up. She was associating with undesirable girls at this time, and although her father and sister spoke to her about it, she persisted. Her sister said she was irritable and difficult to live with when she was in a nervous condition but when she was well she was quiet and gave no trouble at all.

It was the opinion of those who knew her in her town that, although she was on the streets a great deal, she was not promiscuous sexually. During an interview in the institution she acknowledged relations with two different men but on two occasions only. After she had been away from home for three days, her father took her to court. The judge, although he felt that the father was more responsible than the girl, committed her to Bedford, as there seemed to be no possibility of controlling her at home.

The physical examination showed a poorly nourished girl of seventeen, with some stigmata of degeneracy,

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crowded teeth, and enlarged submaxillary, axillary, and inguinal glands. There was tremor of hands and tongue and there were marked choreiform movements of the entire body; the reflexes were normal, but the knee jerks were obtained with difficulty. The blood Wassermann was negative, and the complement-fixation test for gonorrhea was doubtful but clinical signs of gonorrhea were present. There was slight conjunctivitis and the remains of an old eczema on hands and feet. She gave a history of masturbation for some years past, and of nocturnal and diurnal enuresis from early childhood.

According to the Binet-Simon scale, Louise graded fifteen years and one month, which gave her an intelligence quotient of .94. On the Yerkes-Bridges point scale she made 85 points, which gave her a coefficient of mental ability of .97. She had much difficulty in concentrating on the tests and was so nervous at one time they had to be discontinued. She was clearly, however, of normal intelligence.

During Louise's first few months in the hospital her choreiform movements were increased and she was irritable, restless and nervous. Later, as her physical condition improved, she remained about the same emotionally, crying on little provocation, and becoming sullen and insolent when corrected. She did not work unless reprimanded strenuously. She was very untidy in her person, wetting her clothes day and night, and discarding the soiled clothes in a corner. When reprimanded for this she merely said that she had always done it. The enuresis improved very much under routine and diet, and an effort on her part to exert voluntary control.

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Louise spoke often of her loneliness as a child and her fear of being alone. In order to escape being by herself in the house in the evening, she would go to the movies and after going to bed would cry and worry over what she had seen. She had no apparent difficulty in thinking at any time and after a few months showed considerable improvement in the motor restlessness, although the choreiform movements reappeared with emotional disturbance, to a slight degree. She continued, however, to be lazy, was impertinent when corrected, and cried easily. In the occupational room she made little progress because of her superficial interest, her lack of manual dexterity, and her lack of perseverance. She was reported by the nurses to have been seen standing apparently oblivious to her surroundings. These moods would soon pass and she would then be sociable and talkative to the other patients.

Six months after her admission she had severe pain in the right iliac region and was transferred to the campus hospital for operation for chronic appendicitis.

Louise was of the underactive, introverted, childish type, and was decidedly a follower. Her intelligence in all fields was good, but she showed poor concentration, needed constant stimulation, and responded poorly to it. She was social, loquacious, independent, self-pitying and self-justifying; and impulsive, opinionated, and independent in a childish sort of way but fairly adaptable. Her attitude was at times responsive and coöperative, but she showed little effort or interest. In her work she showed no accuracy, skill, consistency, or deliberation, and she was clumsy and had poor endurance. In her manner,

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she showed much variability, but, on the whole, was pleasant, particularly with the other patients. Her emotional tone varied between moods of slight depression and cheerfulness, the dominant mood, however, being one of cheerfulness. She cried often, and was quick-tempered, although she was inclined to be remorseful afterward.

Summary. The points that stand out in this history are the rather poor inheritance and poor environmental influences, the enuresis and other nervous manifestations occurring in early childhood, the chorea and the non-resisting, sensitive, and underactive type of personality. There was little really with which to resist the emotional temptations in herself and in her environment. Louise's somewhat superior mentality did not help her greatly. Although there was little of the true antisocial make-up which many of our patients exhibited, there was little that was favorable and only great immaturity on which to build. It is probable from the many points which are shown in the physical examination that an endocrine imbalance played a part in her lack of development. Louise did well while on parole.

September, 1922. Louise has had an excellent record since leaving Bedford. She is living with her step-mother and is working steadily.

CASE No. 36

Emily J., a colored girl of seventeen and single, was committed to the reformatory on the charge of violating the tenement house law.

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She was admitted to the hospital four months later because of the possibility of syphilis of the central nervous system.

Her father died when she was twelve years old and her mother, about forty-three years of age, was living and well. Emily was the seventh of nine children by her mother's second marriage. Two of the children died of causes unknown, but the others were healthy.

Emily was born in Virginia and came to New York when ten years of age. She had had very little schooling in the South and when she came North she was sent to a parochial school for about four years. She did not know, however, what grade she reached. Until the age of fourteen, Emily had given no trouble at home, but when at this time her home was broken up, her mother went out to work, and a place was found where Emily could board, she began to play truant and remained away from home for days. It was also found that she, with another girl, had been stealing, but this charge was not pressed, as it was felt that she was but the tool of the other girl. Her mother then complained of her to the court and she was sent to a home in the country, where she remained about nine months. When she was discharged from the home, she took a place in New Jersey at housework, and after a short time returned to New York City. She held various positions from this time on, and in all of them she was liked and did satisfactory work.

Late in 1915 she became pregnant by a married man; at this time she was about fifteen years old. She was sent to a home during her confinement, and until the

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baby was born she was helpful and coöperative in every way. Following the baby's birth, she would not care for it, was restless, untidy and quarrelsome. The authorities of the home requested her mother to take her away. Her mother then had the baby placed out to board and later had it adopted. To the loss of her baby she attributed much of her trouble. Emily lived with her mother irregularly from this time until the spring of 1917, when she went away to the mountains to work. In July she returned to the city, but her family saw very little of her. She was then living with another colored girl who told her of the ease which a life of prostitution offered. Together they solicited and in the fall of 1917 she was arrested and sentenced to Bedford.

The physical examination showed a colored girl with thick lips, deeply pigmented skin and attached ear lobules. The pupils reacted sluggishly and within narrow limits to light and there was a history of continuous headaches. There was thickening and tenderness over the right tibia. This the patient stated was of three years' duration. The Wassermann of the blood and the complement-fixation test for gonorrhea were positive. The examination of the spinal fluid, including the Wassermann reaction, was negative.

According to the Stanford Revision of the Binet-Simon scale, Emily graded 10 years, which gave her an intelligence quotient of .63. On the Yerkes-Bridges point scale she scored 68 points, which gave her a coefficient of mental ability of .77. She was slightly below the median of reformatory girls and considered to be

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of border-line grade. Her lack of educational opportunities probably contributed to her poor record.

During the short time she was in the hospital she was quiet, amenable, and submitted to the tests without protest. She was slow in speech and movement and answered only after long pauses. She was indifferent to her confinement and showed no insight into the danger of the life she had been living. She expressed a desire to marry on her release and felt there would be no difficulty in securing a husband.

She was discharged from the hospital when the spinal fluid was found to be negative.

Emily was of the underactive, adult type, seclusive, self-justifying, opinionated, and sensitive. She showed rather poor intelligence in all fields but language ability. Her concentration was fair, but she was not persistent. In hand work she was accurate, fairly skilful, consistent and deliberate. In her attitude she was responsive, when approached, and coöperative. She showed some interest in mechanical things, although little in intellectual ones. She was not changeable in mood nor was she easily discouraged. In her manner she was usually pleasant and frank, but was boastful and self-conscious. She was serious, showed good self-control and was not aggressive, irritable or combative, although she was self-assertive. Her emotional tone was level and she was cheerful.

Summary. This case presents the not unusual development of the southern negro with inferior mentality who comes north and has too little supervision in the new environment into which she enters. The same situation is apparent when immigrants come to this country, the

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children converting their new freedom from the restrictions and customs of the old country into unbridled license. The parents, who oftentimes are not progressive, cannot hold them to the old customs and are not wise enough to help them adjust constructively to the new. One must often wait until the subsequent generation for the pendulum to swing back and the descendants to be Americanized in the true sense.

This colored girl, also, caused much emotional disturbance in the hospital by her presence alone. The unstable white girls were uncontrollably attracted to her simply because of her color. Provision should always be made for the rapid separation of the participants of such infatuations when they develop. While the segregation of all the colored girls in one or two cottages might be supposed to simplify the problem, it was not entirely satisfactory when tried.

September, 1922. Although it was reported that Emily had married since her discharge from Bedford, it was not possible to verify the statement, and no reliable information regarding her could be ascertained. There is, however, no further record of arrests in her case.

CASE No. 37

Rebecca S., a Jewish girl of twenty-one and single, was committed to the reformatory on the charge of receiving stolen property.

She was admitted to the hospital one month later because of her emotional instability and her difficulty in adjusting herself to conditions inside the institution.

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Rebecca's father was born in Russia. He was an energetic, hard-working man who supported his family well but was considered egotistic and opinionated. Her mother was an unstable and voluble woman who never knew how to manage Rebecca and was continually complaining of her to the neighbors and to different organizations from the time the child was ten years of age. Rebecca was the oldest of five children, of whom one girl, aged fifteen, was considered mentally defective.

Rebecca was born in Brooklyn, where she attended school until fifteen, leaving in grade 5A. She did not do well in school, partly because of innate defect, but particularly because of her poor attendance and her greater attention to music. Until nine years of age she seemed normal and presented no unusual conduct problem. At the age of nine, however, she began to run away from home and school. When only ten she was away for two days and was found lying asleep in a neighboring cellar beside a garbage can. It was usually possible to locate her in a few days after she had disappeared and she was always in a most disheveled condition. Once she remained away two weeks and was finally found by her mother listening to music in a public park. On that particular occasion her clothes and body were in a filthy state. But it was always a characteristic of Rebecca even when at home to allow herself to become very untidy and to refuse to bathe.

Rebecca's father was ambitious to have her become a concert player and he directed much energy and invested considerable money toward this end. She herself soon became convinced that she did not have the talent

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which her father supposed her to have, although it would have been possible for her to earn her living from her music had she been sufficiently stable. She played with her sister in two different theatres and was considered satisfactory except that she was suspected of petty thieving. The main cause of her running away from home was always friction with her mother, who irritated Rebecca by her incessant nagging, her fault-finding and her suspicious attitude.

When seventeen she ran away from home and was found in a questionable house by a detective, whom her mother had employed. She was brought to court and told the judge that she would rather serve ten years than return to her home, so the judge committed her to an institution. Up to this time it was probable that she had not been sexually irregular. While in the home she was ill for some months with rheumatism and appendicitis. The physician considered her a bright girl in some respects but characterized her as anemic, neurotic and lazy. She was usually unwilling to do any work while there, although occasionally she could be coaxed to do something.

When she was finally paroled from the home to her mother she remained at liberty only four months before her mother again complained of her to the court because of her unsatisfactory conduct, her unwillingness to work and her leaving home frequently. Because the probation officer felt that the mother was erratic and difficult to get on with, Rebecca's probation was extended from six months to a year. However, at the end of that time the mother's demands were so insistent that Rebecca was

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committed to another institution. She remained there nine months and during that time gave birth to an illegitimate child. She was considered by the superintendent as troublesome, difficult to get on with, and disinclined to work. She also had frequent attacks of an hysterical nature which were difficult to control. The child was taken to her mother, who has since cared for it without any financial help from Rebecca. About one month after the child's birth Rebecca returned to her home. The antagonism between Rebecca and her mother proved to be even greater than before and resulted in Rebecca's going to court four times within a short period. On each occasion it was necessary for her to remain in a home while waiting trial. During one sojourn in this home she was suspected of petty thieving and the officers were glad when she left. She was examined on three occasions by three different psychiatrists, two of whom considered her mentally defective and recommended institutional care; the other one characterized her as not feeble-minded and placed the responsibility for Rebecca's trouble on the mother's antagonism and the uncongenial home atmosphere.

After this last examination she was placed on probation with a woman who was to have full responsibility over her. After a short time, however, Rebecca again began to stay out at night and to work irregularly. She was again returned to the home, as it was discovered that she had pawned a ring belonging to a friend and subsequently had lost the ticket. The judge dismissed the case and allowed Rebecca another chance to return to her mother. After two weeks at home the mother

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brought Rebecca to court, saying that she could not control her. Rebecca accused her mother of ill-treating her and following every move she made, even dressing as a man on one occasion and trailing her at night. The judge then felt that the situation needed radical measures and was about to sentence her when a former probation officer offered to take Rebecca into her home.

Two months later the same probation officer reported that Rebecca had received stolen goods and pawned them. These goods Rebecca had obtained from the home of a wealthy woman with whose maid Rebecca was friendly. When the woman was away Rebecca and the maid took two men to the house to live. Rebecca and the man with whom she was associating pawned the articles and when they refused to share the proceeds with the maid, the maid reported the matter to her employer. Rebecca was then arrested and was sentenced to Bedford.

Rebecca was known to the people of her neighborhood to be untruthful over inconsequential details, deceitful, unclean in her habits and to have a violent temper. The mother, who had had Rebecca in court at least twenty times, was a psychopathic personality and seemed to take delight in bringing her daughter before a judge.

During the year before Rebecca's commitment to Bedford, she had attacks of an hysterical character. Their exact nature was never determined as her mother declared that Rebecca was unconscious during them, while the father said she was not. Rebecca herself called them "death spells."

The physical examination showed a fairly well developed girl with marked myopia. The Wassermann reac-

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tion and the complement-fixation test for gonorrhea were negative, but there were clinical evidences of gonorrhea and the vaginal examination showed an inflammatory condition of the uterine adnexa.

According to the Stanford Revision of the Binet-Simon scale, Rebecca graded 11 years and 5 months, which gave her an intelligence quotient of .71. On the Yerkes-Bridges point scale she scored 80 points, which made her coefficient of mental ability .91. During the examination she concentrated poorly and showed poor judgment. She graded in the low normal group.

Rebecca, in giving an account of her own past, laid stress on the fact that she had been spoiled as a child and allowed to have her own way if she persisted long enough. She also stated that her mother's repeated admonitions were a constant source of irritation and that it was from them that she always ran away. At the same time she said she blamed her parents for not having intercepted her delinquent career by confining her in a state institution years earlier. The death of a brother one year previously depressed her considerably and it was following his death that she had her first unconscious attack.

During the first of Rebecca's residence in the hospital she boasted continuously of her behavior in the reception cottage and told many tales of beating up the officers. She considered herself superior to the other girls and accused other patients of stealing letters and other small articles from her room. When things did not go as she wished she threatened suicide or escape, and boasted that

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she would not be caught as another girl who attempted the latter had been.

Her conduct continued unchanged during the greater part of her hospital residence, except that she became even more boastful and untruthful. She was particularly disliked by the other girls because of her gossiping, her trouble-making propensities and her superior attitude. When reprimanded she made many excuses and even though admitting her guilt showed no remorse. She seemed to expect more consideration and leniency because of her imagined superiority than was shown the other offenders.

On one occasion she attacked another patient with a chair and when reprimanded screamed loudly and kicked the door violently. About this time she complained of severe pain in both iliac regions but for some weeks refused operation. Although her temperature was actually slightly elevated on one occasion, it was found later that sometimes the thermometer had intentionally been held near a hot water bag. Five months after her admission to the hospital she consented to an operation for the removal of adhesions, from which she made a good recovery and which improved her general condition very much.

It was felt that on the whole her general attitude showed some improvement, but she remained self-centered and boastful, and did little work. She desired popularity with the other girls but never attained it because of the continuation of her undesirable characteristics.

Rebecca was of the overactive, childish type. She was extremely variable and reacted differently to differ-

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ent judges. However, some traits were constant, such as her boastfulness, her egotism, and her impulsiveness. Her intelligence was of rather poor grade, in all fields except in imagination, where she ranked high. Her work was of poor quality because of her lack of concentration and her variability. She was very emotional and excitable, irritable and aggressive, although it was usually possible to obtain compliance with the rules of the hospital by firm and definite orders. On the whole, Rebecca's make-up was poor, showing most of the undesirable traits to a superlative degree and few of the more desirable ones even to a minor degree.

Summary. We have described Rebecca elsewhere as a genius type gone astray, since she exhibited so much superiority of manner and the associated idiosyncrasies of such a make-up without its main accomplishment. In her emotional episodes besides the results of thwarted desire, there was evidence of an attempt to dominate every situation, no matter how trivial, perhaps to compensate for the great failure of her life and the associated feeling of inferiority which it was difficult for her to face.

The varying diagnoses given by well-known psychiatrists in this case are of interest in showing the great divergence of opinion which is possible in instances of so-called defective delinquent types. There is no question, however, that incompatibility between her mother and herself had had an undesirable influence on her life, and it is also true that much of the fault lay with Rebecca's mother.

The factor, then, of inheritance, as well as of environment, must be considered, and perhaps, also, a tendency

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to wander which appeared when she was still young. Whether or not the element of hysteria entered into the case, there was, together with a difficult personality, great emotional instability. It is hard to imagine any nook in the social scheme of things into which Rebecca could fit and lead a useful life.

September, 1922. In spite of her parents' willingness to have her return to their home on her discharge from Bedford, Rebecca preferred not to stay with them. She secured a position as pianist at a theater. When seen on the street she was said to look dissipated. In August, 1921, she was arrested for grand larceny, but was discharged because of insufficient evidence. Since that time, with an interval of eleven months, she has given birth to two children. The first was known to be illegitimate and it was supposed that the second was, also, although she said that her husband was living in another state.

CASE No. 38

Eva B., an emotionally unstable girl of twenty-two and single, had been admitted to the reformatory three years previously for violating the tenement house law. After seventeen months she was paroled, but was returned nine months later for breaking her parole, and in addition had a new indeterminate sentence for soliciting.

When first committed to the institution she was irritable, aggressive, violent at times, resentful of correction, and used "vile and obscene" language. After a few months she changed entirely, became quiet, amenable and

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a good worker, and made every effort to be coöperative. She was admitted to the hospital during her second commitment because of her excessive irritability, violent temper, assaultiveness and suicidal tendencies, and because she threatened the lives of an officer and a girl. Seventeen days later she was transferred to a mental hospital.

Eva's father died when she was about ten years old. He was alcoholic and considered rather wild, but was a good worker and provided for his family. At one time he had a plastering business of his own. Her mother, who was about sixty-five, had rheumatism and heart trouble. She was a coarse but intelligent woman, much given to over-dressing and to gossiping. She was cared for on several occasions in the City Hospital for cardiac decompensation. She was inclined to be belligerent and at the time of her husband's death she would not allow his mother to come to the house because of an old quarrel. She had four children, two boys and two girls. The oldest boy was the most reliable, but was anemic, thin-chested and irritable. He was responsible for the commitment of his two sisters to a home. Later, he was himself arrested for a hold-up, but not convicted. The other brother was defective, never worked, was forced to marry, and immediately deserted his wife and went to live with another woman. The sister, a few years older than the patient, made a fairly good impression at first. She was married to an automobile supply salesman and had a very good home. There were two children. Her mother-in-law, however, stated that she was coarse and "knew nothing of the conventionalities." Some time

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after Eva's commitment, her sister deserted her husband to live with another man, took her little girl with her, and all the money and valuables she could get. Her husband, whose mother said of him that he was "rather spineless," was anxious to take her back and even helped support her while she was living with the other man.

Eva was born in New York City, where she attended school until twelve years of age, the last four years being spent in an orphan asylum. When she returned to her home, she soon got into bad company, was wayward, went to dances and, when not quite sixteen, was found by her brother to be living with a man, who attempted to shoot a friend of her brother when the friend was hunting for Eva. She maintained that there had been no sexual irregularity at the time. Her brother took her to court, where she was put on probation. She soon violated this, and was sentenced to a home for the remainder of her minority. After a year and a half, when she was seventeen, she was taken out of the home by her sister, who had married. Eva went to live with her sister's mother-in-law, who was good to her, but she soon began to stay out late at night. She attempted to steal, was very disagreeable, caused much trouble and was particularly impertinent to her sister's husband. For the next three years she worked irregularly, solicited practically all of the time and lived in a house of ill-repute. She was then arrested, in 1916, and sentenced to Bedford.

On her parole from Bedford, Eva took a position at housework in the suburbs, where she did very well for several months. On hearing that her mother was in the hospital and critically ill with heart disease, she asked to

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be allowed to visit her. When she was told she could visit her mother the next week, she decided to go immediately, and, taking some money which had been given her by her employer for errands, she went to New York City. On her way back from the hospital she met a girl whom she had known in the first home to which she had been sent. Realizing that she had broken her parole, she did not dare to return to her employer. She, therefore, went with the girl to New Jersey to a disorderly house. She was soon arrested for soliciting and returned to Bedford.

The physical examination showed a slender, poorly nourished girl, with some enlargement of the thyroid, tremor of fingers, tongue, and eyelids. The Wassermann reaction of the blood and the complement-fixation test for gonorrhea were negative.

From the day of Eva's readmission to the institution she was irritable, insolent, fault-finding, violent and not inclined to work. Without apparent provocation she attacked an officer with intent to kill and threatened the life of another inmate. She also made some half-hearted attempts at taking her own life. She entertained paranoid ideas toward those in authority at the reformatory.

For further study she was admitted to the hospital, where she remained seventeen days. During the first week she was pleasant and amenable, and talked freely. She then became depressed, made two attempts at suicide by cutting and scratching her wrist, refused to eat, cried, screamed, and developed an intense dislike for certain officers in the hospital. This mood was increased when the reformatory officer for whom she entertained the

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paranoid ideas visited the hospital. Her general condition become worse because of her refusal to eat. She had no hallucinations at any time, and no psychomotor retardation.

Summary. In any description that might be given of this patient it would be difficult to express the problem which she and her type present, either in an institution or in the community. From reading the history it might be concluded that she was a psychopathic personality with psychotic episodes. This may be as fair a diagnosis as any other, although at the time she was transferred to a mental hospital she was designated an unclassified depression. The diagnosis of such a case, however, whatever it may be, is of little use in describing it adequately. The vindictive hatred of which she was capable, the uninhibited impulses to assaultive behavior, the dynamic force of her nervous make-up that was almost constantly at the bursting point within, while without there was the mien of the penitent Magdalene—all this, superimposed upon or at least associated with a history of experiences with the most desperate of gangsters, furnished the basis for melodramatic episodes of a fairly continuous and extremely intense nature.

On one occasion she had seized an ax and attempted to demolish a room, including, in her fury, the matron who was occupying it. The provocation for this was a dislike she had taken to the matron for some minor correction. After living two days in the hospital, she swore she would kill a feeble-minded woman who had come from the institution at the same time, because, in the forty-eight hours that had elapsed since their admission,

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the second girl, who was white, had fallen violently in love with a colored girl; this in spite of, or perhaps more correctly because of, the fact that she herself had experienced frequent infatuations of a similar nature while in the main institution. The demoralizing effect of such a patient as this in a reformatory, where the herd instinct is strong and where each patient is to a great extent influenced by her neighbor, is hard to describe to those who have not experienced it. To be called into an occupation room by a breathless girl, who says, "Please come quickly, as Eva is about to kill Caroline"; to arrive in time to find the atmosphere at the point of exploding, the nurses, who had been considered invaluable in their management of disturbed patients in mental hospitals, white as ghosts, and to realize that a false move of any kind, such as withdrawing either of the two combatants from the group at that moment (they were separated by a heavy loom only) would have precipitated a general riot with probable bloodshed—such experiences as this should be lived through to be really appreciated. Fortunately, the time of year lent itself to the relief of the occasion (it was a few days before Christmas), and it was possible gradually to concentrate the attention of the girls on plans for a party and tree to be given to a poor family in the neighborhood. When the tension of the situation had gradually subsided it was possible to extricate one of the two opponents without blood being shed and the danger of a general fight was temporarily averted.

One would with difficulty forget this tigress of a woman sitting on the floor in the corner of the room farthest from the window after she had left the others

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and had gone upstairs, terrified herself lest at any moment she should make a spring at the window and dash out the glass with her naked hands as she had done so many times before to express her rage, covering her hands and arms with deep cuts. Two white-faced nurses stood by her with at least a calm exterior, trying quietly to get her mind off her hatreds and on to something less tense and destructive. With such an individual as Eva, in a similar asocial group, catastrophes, such as the one threatened, are imminent many times during the day; and not only limitless ingenuity but superhuman nervous energy is needed to cope with the situations that arise. Those who have lived in both reformatories and mental hospitals will bear witness to the fact that there is the greatest possible difference between the situations found, even when a few of the psychopathic types leaven the wards occupied by the truly disturbed mental patients.

Baths did not have the usual desired effect on this woman and the idea alone of the restraint of a pack would have aroused her enmity for whoever attempted it and would simply have increased her excitement.

The sudden depression which appeared when this patient was transferred from a disciplinary atmosphere to the hospital where she was given a special nurse, might be interpreted as the equivalent of the continuous "smashing out" propensities that appeared in the previous environment. These may be considered in the nature of compulsions, the control of which or their prevention by the means of constant nursing, resulted probably in the negative expression of energy seen in her depression and in the development of some of her homicidal tendencies into

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suicidal ones. If the paranoid tendencies of this woman suggest suppressed homosexuality, it should be said that the expression of this propensity was visible only in the institution, since on the outside her tendencies had always been markedly heterosexual. When last seen, she stated that she had been married three years, and had a child of two who was being cared for by her mother.

Regarding the etiology of this case, there were many unfavorable factors in inheritance, in environment, in training and in development. This case, as well as many others, suggests the presence of glandular imbalance. There was enlargement of the thyroid, tremor of the hands, and a rapid pulse. Unfortunately, however, the cases were not studied intensively from this point of view, so merely the surmise can be recorded here. It is probable, however, that in Eva's case there was a hyperthyroid condition which added to the difficulty of the situation.

While such a case as this may not be considered legally insane according to our present conception of mental disease, she should, I believe, be cared for, for as long periods as it can be made possible, in a mental hospital. Although Eva's paranoid ideas were not systematized, as in a true case of paranoia, yet her transient hatreds made her homicidal threats serious and had such an effect on the latent power of hating of the group mind that she became the source of multiple dangers. In a disturbed hospital ward, her influence would be more circumscribed and there would not be the same possibility of swinging the entire ward to assaultive and destructive behavior. The cause of much of her anger was the infringement of her liberty. The discipline

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which must be utilized for the majority of cases in a penal institution, no matter of what type it may be, self-imposed or otherwise, is sufficient to arouse the enmity of such a make-up as this. Furthermore, no court of the women themselves would dare to restrict such a temperament, no matter how much she might need it. The visiting psychiatrist, who interviewed this patient before her admission to the hospital, went away with the impression of a sweet, shy girl, who would yield without difficulty to wise mental treatment. There was apparently no evidence of her underlying capacities for assaultive behavior, and none of her vicious lightning-like hatreds were elicited. After her arrival at the hospital they were not confined to those in authority in the main institution, but turned also in the direction of the physician who tried to befriend her, to such a degree that it was not considered safe for them to be alone together.

A case such as this may make moderately good adjustments in the institution for fairly long periods, as Eva did during her first commitment. This may be due to favorable surroundings as well as to a temporary glandular balance. When such adjustment ceases, and the girl makes homicidal attempts that are serious in intent, she should be considered a candidate for a mental hospital. Such cases are dangerous wherever they are, and we know only too well of the fatal results of assaults by similar types when they are in hospitals for the insane. Still the staff in penal institutions is not fitted and the institution is not equipped to care for such patients.

Eva may well be considered to belong in the group of

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the semi-responsible, who, vacillating between the authority of the criminal courts and the mental hospitals, are often because of their borderline state not so accountable to either, as the less dangerous but more clearly defined types.

The subsequent history of this case has been what might have been expected. Being released at an early date from the mental hospital, she soon returned to her anti-social habits and before long was again arrested for grand larceny and sentenced to the state prison, where she has served another sentence. Again at large in the community, she has the same vindictiveness and paranoid attitude which she previously had, although little is known of her conduct.

September, 1922. A letter from the state hospital to which she was transferred states that, according to the Binet-Simon test, Eva had a mental age of 8 years. The diagnosis made was "psychosis with mental deficiency." She was discharged, much improved. Recent investigation verifies the sentence of one year in the state's prison for grand larceny (second degree).

Although no definite evidence has been obtained, the consensus of opinion of the members of Eva's family as well as of some of her acquaintances is that there has been no change in the manner of Eva's life.

CASE No. 39

Caroline D., a defective girl of twenty-five and married, was committed to the reformatory a second time for violating the tenement house law.

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She was admitted to the hospital fourteen months later because of incorrigibility which, it was thought, might be due to mental disease.

Caroline's father and mother died of tuberculosis when she was five years of age. She was then taken by her grandmother and aunts who lived together. She admitted having been spoiled by them and by means of coaxing and having "tantrums" had always succeeded in getting her own way. As a child she was always delicate, needing much attention, although there was no definite illness except measles.

Caroline attended convent school until twelve years of age, leaving in grade 3B. She never did well in school and lost considerable time from her studies through staying away to help her grandmother, who was not well. For the next few years she remained at home and at fifteen went to work in a factory in which one of her aunts was forewoman. She resented her aunt's supervision and authority and remained at work only a few days. After this she left home with a young man, with whom she lived until the time of her first sentence to Bedford, when she was twenty years of age. The man, who was out of work, suggested that Caroline earn money by prostitution, which she was willing to do. She admitted later that he was a "pimp" and received a sum from a house of assignation to which Caroline brought men.

After thirty-four months in the reformatory she was paroled to her aunt and took a position in a button factory. It was impossible for her, probably because of her mental defect, instability, and lack of adaptability,

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to compete with the other workers and so after three days she gave up the work. She stated that while she was with her aunt she flirted with a man who was passing on the street and later went out to meet him. She remained away that night with him and on her return her aunt refused to let her come back. Whereupon Caroline went to live with him. He was ill with a chronic heart condition and unable to work, so Caroline prostituted in order to get funds.

After living nearly a year with him, she was arrested for soliciting and returned to Bedford on revocation of parole. She was placed in quarantine for three weeks, and two or three days later escaped from the institution, finally making her way to New York City by begging rides in automobiles. When she returned to New York City she found the man with whom she had been living very ill in a hospital with rheumatism. She then found work and four months later they were married. A short time after her marriage, she was again arrested for soliciting and disorderly conduct, and returned to Bedford to serve a new sentence in addition to the remainder of the previous one.

During her first sentence to Bedford Caroline formed a strong attachment for a colored girl and even after her release from the institution she continued the friendship, much against her husband's wishes, who objected to the homosexual affair although he encouraged her in prostitution. This attraction for members of her own sex and particularly for colored girls became an obsession with her during her second commitment and was the cause of most of her emotional outbursts.

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The physical examination was negative except for a fine tremor of tongue and fingers, positive Wassermann reaction and clinical evidence of gonorrhea.

According to the Stanford Revision of the Binet-Simon scale, she graded 10 years and 5 months, which gave her an intelligence quotient of .65. On the Yerkes-Bridges point scale, she scored 75 points, which made her coefficient of mental ability .86. While her general appearance and attitude would suggest a much lower grade of intelligence, she would classify from the psychological examination as a border-line case.

Caroline remained in the hospital seven months as a patient, during which time she gave considerable trouble to the officers, particularly those whom she did not like. She was childish and immature in her reactions, anxious to be the center of attraction, and noisy and destructive when interfered with. The most serious difficulties arising from her presence in the hospital were due to her infatuation for colored girls. The second day she was with the group she became much enamored of a colored girl who did not reciprocate the feeling, but who, instead, was much attached to another white girl who was less insistent in her demands than Caroline. The jealousy associated with such episodes resulted in emotional disturbances which might easily have precipitated general riots had it not been for a timely separation of the participants. After the first infatuation had been dealt with, Caroline soon had two other attachments in quick succession. When the subject of her last infatuation was removed from the hospital, Caroline threatened to beat up anyone who interfered with her and

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was only with great difficulty prevented from breaking glass and furniture according to her customary procedure. The following day, Caroline, still agitated because of her thwarted desire and determined to reach the object of her affection, while out of doors cleaning rugs, started for the main institution, from which she was returned to the hospital by the disciplinary officer. Caroline's departure was noticed and she was met before she had an opportunity of reaching the main road. It is fair to assume that had occasion presented itself she would have forgotten the original reason for leaving the hospital and would have made a break for freedom, as she had previously done.

Caroline considered the whole affair a huge joke and laughed in a childish manner as she described her exploit later.

She never showed any deep emotion for her husband and was heard to remark, when informed that her husband had died, that she would have fainted had her stocking not been full of notes given her by other girls for delivery. On the other hand, the emotion which she showed in her affections for colored girls was extreme. She is described as sitting in the occupational room with her eyes fixed upon the temporary object of her affections as an animal might watch its prey, oblivious of all that was going on about her.

During the last month of her stay in the hospital she did fairly good work under supervision, but she remained as talkative, demonstrative, and erratic as before. In her crocheting, which she seemed to enjoy and which she did fairly well, she never counted the stitches and

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trusted to luck that the attempted pattern would be approximately correct. It was never possible to obtain any results in the occupational room, as she persisted in her dislike for the teacher. She was discharged from the hospital at its close.

Caroline was of the overactive, extravert type, social, loquacious, and impulsive. She was immature and suggestible, sensitive and easily offended. In her work she occasionally showed effort, but was variable, very distractible, inaccurate, and unskilful. At times she was childishly good-natured and friendly, but smoldering underneath to express itself at the slightest provocation was her sullenness, irritability, aggressiveness, and assaultive behavior.

Summary. Caroline is a good representation of the "defective delinquent" who has intellectual defect as well as emotional instability. She is the type of individual whom no superintendent would welcome in his institution. All of the factors of mental defect, psychopathic personality, poor environment and training, and a combination of undesirable traits of personality, would give an inadequate picture of Caroline's potentialities. It is true she lived in the hospital for six months with no broken windows resulting and no truly serious outbursts occurring, but Caroline was trying very hard to be polite to us and to give us due warning before she "broke out." We were sent for in a hurry one afternoon and found Caroline sitting in her room, with all the lurid cerise paper which she had used to make of her room a boudoir packed with her other personal effects in a box. The colored girl of her immediate affection had just been transferred

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to another building and Caroline said, "May — strike me dead on this chair if I do not keep my promise to follow her at once." Caroline did not follow her, of course, but did try to return to the institution the next day, as has already been described.

As might be expected with such a case, she was transferred from one feeble-minded institution to another and has already been returned to the community where she is little able to maintain her social equilibrium. It is for such cases as this that special provision should be made in our feeble-minded institutions, in separate buildings, if necessary, so that they may receive permanent custodial care.

In describing her last discharge from an institution for the feeble-minded, she said that when she looked about and saw all the horrible cases there she decided that that was no place for her, so she started out to make herself as disagreeable as possible in order to get out. She remarked, "God help the poor woman I attacked."

A letter from the institution states that Caroline was "distinctly a psychopathic case." She was tested out in colony life but "in view of the fact that she had a husband it was impossible to rehabilitate her here under the conditions." Caroline was not married at the time. Her first husband had died while she was still at Bedford and she had had no further opportunity. She told us in 1921 that a relative had been influential in getting her out of this institution. She also stated at that time that she had been recently married.

September, 1922. An extensive investigation has revealed the fact that Caroline was arrested for soliciting

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in June, 1921, and was given a three months' sentence. She is known to have held various positions for very short periods but no information was forthcoming regarding her present whereabouts or condition. There is no evidence of her having been married a second time.

CASE No. 40

Lily K., a colored woman of twenty-two and single, was committed to the reformatory on the charge of petit larceny.

She was admitted to the hospital two months later because of her persistent fabrications.

Lily's father had died two years previously after a short illness. Her mother had died six years earlier in her fourteenth confinement, which resulted in a still-born child (after version). This last baby was the only boy and the twelve other girls all died during infancy or early adolescence. There was no history of miscarriages, however.

Lily was born in Brooklyn, where she attended school until fourteen years of age, reaching the first year in high school. When ten years of age, she stayed out a year and worked at night in a laundry, earning \$1.00 a night. She said she liked school and did well. After leaving school, she worked in different laundries and private homes, earning on an average \$6.50 weekly. Her first sex offense was at the age of fourteen with a boy with whom her mother allowed her to associate, as he was the only one she trusted. Lily was promiscuous in her relations with boys and men for the next three

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years, but did not prostitute to any marked degree. At seventeen, she gave birth to an illegitimate child which died three days later. When about seventeen, some of her girl friends told her that prostitution was the easiest way to earn money, so she went into a house, paid \$2.00 a week for her room and gave twenty-five per cent. of what she earned to the landlady. After a while she tired of this and went back to legitimate work for a short time. Hard work, however, was a bore to Lily, so she returned to prostitution. From some friends she learned that shoplifting was more exciting than her previous occupation, so she began the practice. Her stealing was wholly in stores and consisted principally in taking handbags from customers. She was watched for some time in one store and finally was seen to steal a handbag which had been laid on the counter by a customer. She was taken by the detective to court and was subsequently sentenced to Bedford.

The physical examination showed a short, fairly well nourished Negro woman, with prominent eyes, attached ear lobules, asymmetry of face, prognathism of the lower jaw, and pronation of both feet. The thyroid was not enlarged. The teeth were carious, with irregular edges and defective dentine. There was a difference in the innervation of the two sides of the face. The blood Wassermann was two plus and the complement-fixation test for gonorrhea was doubtful.

According to the Stanford Revision of the Binet-Simon scale, Lily graded 14 years and 9 months, which gave her an intelligence quotient of .92. On the Yerkes-Bridges point scale, she scored 90 points, making her

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coefficient of mental ability 1.02. She was above the median of reformatory girls and of normal intelligence. She was alert, responsive, and showed ability in memory and in constructive processes, but was decidedly immature.

After her admission to the institution she told many fanciful tales of her past life, of her family and of a half-brother with whom she wanted to correspond. She denied stealing and at each successive interview claimed not to have any memory for the statements she had made in the preceding talk, even denying the facts learned by the social worker from outside investigation.

After about two months Lily admitted that she had been lying, and that she did not know what prompted her, although she acknowledged a desire not to have her past, in its entirety, known to the institution.

Her attitude toward her delinquencies from this time on was normal, and she expressed the wish to discontinue her stealing and prostituting. Her conduct while in the hospital, aside from the fabrications, was fair, and on one occasion only was there need for serious reprimand. This patient was discharged from the hospital when it was decided that her fabrications represented lies of a rather unconstructive nature, manufactured to obtain an end.

Lily was of the overactive, adolescent type. She was social, loquacious, egocentric, introspective, and very much of a follower. She was also sensitive and easily offended, but possessed a good sense of humor and was optimistic. According to three judges, she showed good intelligence in all fields, except in definiteness of purpose

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and in originality. One judge found her poor in every field except that of language ability. They all found her suggestible. In her work she showed good concentration, at times needing stimulation but responding well to it. In her attitude she was responsive, coöperative and interested. In her manner she showed considerable variability, but she was, on the whole, pleasant and frank, never actively combative, but occasionally irritable and aggressive. Her variability in manner was noticeable with different personalities, as was shown by the fact that only one judge found her to have all of the undesirable characteristics to a marked degree and few of the more desirable ones. Her emotional tone was fairly level and she was usually cheerful, but the same judge previously mentioned found her to have a violent temper. Aside from the consideration of the personal equation between this particular judge and the patient, the fact that her poor reactions were shown in the occupational room may have been accounted for by lack of interest in that kind of work.

Summary. The specific problem presented to us in this case was whether or not Lily was a pathological liar. Although there was a strong tendency to escape situations through the mechanism of denial of facts and substitution of fabrications, still there seemed too definite a purpose associated with it to place it in this category.

The large numbers of children who died in infancy, the still-born child, Lily's stigmata of degeneracy and the two plus Wassermann, all suggest the presence of congenital syphilis. Whether or not this was true and

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whether, if so, it had had any effect on Lily's life history, could be with difficulty ascertained.

The death of Lily's mother when she was sixteen was apparently unfortunate, for it was after this that the illegitimate child was born and that Lily began her life of prostitution.

Lily's normal intelligence was counterbalanced by her rather pronounced immaturity, her love of fun, and her dislike of work and tendency to be affected by unfavorable suggestions.

While her wish to change the sources of her livelihood was apparently sincere, it did not seem very deep-seated, and her overactive nature and somewhat unstable nervous system made the chance of her changing at once the habits of years somewhat improbable. She does not perhaps differ greatly from many of her race who have not had the advantage of a careful training and good environment. It may be considered consistent with this history that Lily violated her parole and is still wanted by the authorities.

CASE NO. 41

Marion C., an American girl of eighteen and single, was committed to the reformatory on the charge of petit larceny.

She was admitted to the hospital two months later because of her instability of mood, excitability, history of an attempt at suicide, and marked lack of adaptability in other institutions.

Marion's father, a longshoreman, was living and well.

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He was alcoholic, immoral, and abusive. He did not take any responsibility for his family even when they were small children, and he often beat Marion cruelly when she was young. Her mother committed suicide when Marion was six. She died of gas poisoning in a hotel room, where she was staying with a man not her husband. Marion was one of six children, of whom only one boy was living. Three died in early infancy, one girl died of a fractured spine as a result of falling downstairs, and another girl was killed by an automobile. All the paternal and maternal relatives, with the exception of one maternal aunt, were considered to be of low moral standards and alcoholic. A paternal uncle was at one time insane.

Marion was born in New York City, where she lived with her parents until her mother died, and then, for varying periods of time, with paternal and maternal relatives, who were not on good terms with one another. Marion attended public school until fourteen, reaching 7A. Her records were poor, particularly in deportment and attendance. She was kept out of school by her grandparents, for whom she stole coal and wood from freight yards and small articles from grocery stores. During her years with different relatives she was never taught any moral code, nor were there any ethical standards about her. Her interests were directed principally toward unprofitable and many times toward demoralizing lines of activity. Later, in her adolescent period, she went to live with a maternal aunt, the only relative whose reputation was good. This aunt supervised Marion carefully and while there Marion did well. She

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characterized Marion as kind-hearted, generous, anxious to help others, but never affectionate, and always ready to lead the other children into mischief.

From the time her menstruation was established she began to have severe headaches at her periods, during which she was excessively irritable and showed fight when annoyed. During the interval she was good-natured but rather childish.

Marion's habit of stealing was formed when she was about nine years old and probably continued without cessation until her commitment to Bedford, with the possible exception of the time she was living with the one aunt. It was thought, however, that even then she took things from stores and small amounts of money from her aunt.

Marion's work record was poor and she was employed in different factories for short periods of time. She was discharged from most of them for unsatisfactory work and for disobeying orders.

She was first arrested when about sixteen years of age for petit larceny and placed on probation. Shortly after this, she was again arrested on the same charge and sentenced to a home for six months. During her commitment in this institution she was quarrelsome and disobedient, and became excited and assaultive with little provocation. She was disciplined many times for quarreling. At times the quarrels were caused by the implications of her immorality made by the other girls. At one time she was depressed following a quarrel over the same subject, and when visited by the physician was asked if she had been using drugs. This, with the sus-

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picion of any immorality, was too much and she attempted to take her life. She was consequently transferred to Kings County Hospital for observation, but no evidence of mental disease was found. From there she was returned to her aunt.

During the following year she worked in three different factories for short periods. She was discharged from two and was obliged to leave the other because of a reduction in force. While stealing from stores with another girl she was finally arrested in a store from which she had taken a waist. She was returned to the home to which she had been previously committed, but she was refused by the authorities because of her previous record there, and was subsequently sent to Bedford.

The physical examination showed a well-developed girl with sallow complexion and acne of face and back. The thyroid was enlarged. The Wassermann reaction and the complement-fixation test for gonorrhea were negative.

According to the Stanford Revision of the Binet-Simon scale, she graded 12 years and 11 months, which gave her an intelligence quotient of .81. On the Yerkes-Bridges point scale she scored 86 points, which made her coefficient of mental ability .96. Her school knowledge and knowledge of practical things was poor, and not in proportion to her educational advantages. From this examination she graded as a dull normal.

During Marion's residence of five months in the hospital she was continually in trouble of some kind. She had been there only six weeks when she attempted to

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escape. She was returned to the main institution for one month. When she was readmitted to the hospital she complained of extreme nervousness and irritability, and wrote letters to her aunt complaining of the treatment she had received and the discrimination against her that was being shown by certain officers.

She was lazy, restless, and excitable, resented violently corrections and reprimands, and constantly stirred up trouble with the other girls. In the occupational room she was impatient over her work, disobedient, and continually insolent to the teacher, and she became very angry when special privileges were denied her. She was a leader among the other patients, could carry the group along with her in any anti-social movement, and was actually the instigator of many disturbances. Much trouble was originated by her stealing and her persistent untruthfulness. She had no respect for the rights of others and did not stop at destruction of property or violence to officers in an attempt to gain her point.

Marion remained in the hospital until it closed, but there was little improvement in her condition. After her return to the main institution, her outbursts of temper were even more frequent and severe than before.

Marion was of the overactive type, quick-tempered and egotistic. She was immature although of fair intelligence, but variable and showed poor judgment. She was defiant, aggressive and assaultive when occasion arose. Her mood was one of excitability, with short periods of depression. She was exceedingly jealous, emotional, and changeable. The only desirable traits

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which stand out with any prominence were her kind-heartedness and generosity toward the other girls.

Summary. Marion demonstrates perhaps as well as any other case the problems which the so-called "defective delinquent" may present. Desperately assaultive in the main institution, she was examined by various alienists, none of whom found her committable. She finally found her way back to the community, where she was later tried for her assaultive behavior while in the institution, but was acquitted. The handicaps of inheritance and early training were so great that there was little foundation on which to build. This case has been described in greater detail elsewhere. (See p. 74.)

The most striking characteristic of her make-up was her extreme childishness. She stole because she could not do without the thing demanded by the whim of the moment. She then lied because she could not face the blame for having stolen. It was almost as though she succeeded in convincing herself that she had not stolen, her vehemence and persistence were so great. She seemed never to have matured, but to have carried her childish standards and beliefs into adult life. Associated with her immaturity there was, also, as has been seen, limited intelligence, although no real mental defect.

There was considerable endocrine disturbance in this case, also, evidenced by attacks of migraine, anomalies of menstruation, and an enlarged thyroid gland. There was also a close relation between the irritable episodes of her earlier life and her menstrual periods. It is probable that this factor added to the complexity of her problem.

We have not heard that Marion has shown any marked

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tendency to reform, although she is married and is well cared for.

September, 1922. Marion was arrested in August, 1922, with Rosie, for shop-lifting in a department store, and was sentenced to six months in the workhouse. It is probable, from what we had heard of both patients, that the shoplifting was not an isolated occurrence but had been going on for some time. It is worthy of note that during their trial these two girls showed the same explosive behavior that had characterized their conduct while we knew them. They attacked each other in the court room, each blaming the other for her downfall. It was seven or eight minutes before they could be quieted.

CASE No. 42

Freda H., a large Norwegian woman of thirty-one, who was defective mentally, was committed to the reformatory on the charge of petit larceny.

She was admitted to the hospital two months later because of her fantastic stories of her ancestry, her varied and persistent accusations against the judge and probation officer, and her childishly boastful attitude.

No definite knowledge of her heredity was ascertained, but it was believed that her parents were in Norway. She had no relative in this country and was known to only a few Norwegian people, all of whom considered her "stupid, ignorant, and peculiar." They gradually became estranged from her because of her difficult disposition.

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Freda was born in Norway and came to this country in 1905. She had had little education there, could read Norwegian a little, but could read and write no English. On her arrival in this country she secured a position through a Norwegian welfare club. Her statements were so erratic and contradictory that it was difficult to evaluate them. However, she said that she worked in one place eight years, and that since coming to this country she had done only housework. At one time she made the statement that she had been married, but she failed to continue the tale and give any adequate information concerning her husband. She had adopted various surnames, some of which she later denied having used.

From the last three places in which she worked it was found that she had stolen quantities of clothing, silver, and linen, only a part of which could have been of use to her. She kept a locker in a storage house, which contained stolen goods, and made frequent trips there with packages. Even when confronted with proofs of the thefts, she denied her guilt. One of her employers considered her reliable, but the others who were interviewed said she was slow, dull, lazy, filthy, and resentful of correction. It was felt by those who studied her that her lack of knowledge of English contributed to her appearance of dullness.

As far as could be ascertained, she had no men friends. A fellow countrywoman said that Freda once brought a young Norwegian to her house. He came but once, however, and remarked to the friend that he thought Freda was "crazy." It was said about her, moreover,

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that she was "wild" about uniforms and would flirt with soldiers, policemen, and firemen.

At the time of her arrest, she told many contradictory stories and while being held in jail was so disturbed that she was taken to the county hospital for observation. Here it was thought that the reaction was no more than that of a defective woman, and after ten days she was committed to Bedford.

The physical examination showed a stockily built Norwegian woman, with many poor and crowded teeth. Judging from the examination, it was thought that she had been pregnant at one time, and possibly had had a full-term child, as there was considerable laceration of the cervix. The Wassermann reaction and the complement-fixation test were negative.

According to the Stanford Revision of the Binet-Simon scale, Freda graded 8 years and 4 months, which gave her an intelligence quotient of .52. On the Yerkes-Bridges point scale she scored 53 points, making her coefficient of mental ability .60. The patient coöperated poorly, and because of the language factor she did not receive as high a score as she might have otherwise. She probably was of moron grade.

Her manner in the institution when first interviewed was dull and indifferent, but, on the whole, not unpleasant. She stated that her father was an admiral in the United States Navy, that she was his illegitimate daughter, and that her mother was at present in Norway. She said she saw her father frequently, talked with him over the telephone, and that he came to see her when she was in jail. She also said he came up on the train with her

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from New York to Bedford, and he was so incensed that she was being taken to a reformatory that he choked the reformatory officer. When she was shown the absurdity and falsity of such statements, she became sullen and would not talk, except to reaffirm them. She varied the name of her father from time to time.

She remained very hostile to the probation officer, accused her of taking \$20.00 and said that she had proof that the probation officer had been an inmate of a reformatory. She also said that her last employer was dishonest and had intercepted mail from the admiral.

Freda worked fairly well in the hospital, but was at times sullen, especially if corrected. She was never known to tell any stories of herself spontaneously, to the other girls. Toward the end of her residence in the hospital she denied that she had ever said the admiral was her father. She continually stole articles belonging to the hospital and to the officers, removing the identification tapes from them, but at the same time she had charge of the hospital supply of soap and kept it in her own room in order that it should not be taken by any of the other patients. She was discharged unimproved when the hospital was closed. No hallucinations were elicited and only the delusion referable to the probation officer. It was considered that she had been fabricating purposely for the sense of superiority and the satisfaction which she gained from it.

Freda was of the underactive, introvert type, sullen, unenthusiastic, egoistic, self-justifying and self-pitying. In intelligence she was poor in nearly all fields and in none was she considered by any of the judges to be good

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except in imagination. She was not responsive or coöperative, but she did heavy, unskilled work moderately well. Her emotional tone was fairly level, but occasionally she showed a tendency to become excited. Because of her relatively low mentality and persistent lying and stealing she constituted quite a difficult problem in the hospital.

Her imaginative tales were considered fabrications constructed for the purpose of entertainment, and in the nature of wish fulfilments, and as attempts at compensation for her inferiority rather than as symptoms of any more deeply rooted abnormality.

Summary. The problem presented by this woman is that of the feeble-minded immigrant of psychopathic personality. Such a case might have been deported at an earlier date, had her mental defect been appreciated and been considered a sufficiently serious handicap to interfere with good citizenship. As it was, however, there was no question of deportation when she entered the country. Furthermore, there seemed little chance of reëducating her stolid but psychopathic personality and its underlying defect. She will probably continue to go in and out of our institutions the "stupid, ignorant and peculiar" person that her countrymen had considered her.

However, it might be said that as far as could be ascertained, Freda was not depressed by the prospect her life presented. After cutting the marks of identification from good linen handkerchiefs belonging to some member of the staff she asked a nurse to put them with her things in the attic, since she did not need them at present. She showed no consternation when her stratagem

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was discovered. And she must have derived genuine pleasure from the stories of grand personages who, she averred, were her friends and relatives.

Freda was paroled to do housework for a family who considered her work very satisfactory. During September, 1921, she began to correspond with a strange man whose name she found in the telephone book. His wife complained and Freda was arrested and held in jail for about a week. By paying a lawyer \$150.00, all the money she had, she was released. She lost her position but has had no difficulty since then in finding others.

September, 1922, a friend states that she comes to see her almost every month, is always well dressed, and is apparently doing well.

CASE No. 43.

Martha N., an American girl of twenty-two and single, was committed to the reformatory on the charge of petit larceny.

She was admitted to the hospital three months later because of her history of instability and petty thieving, which seemed out of proportion to the social standards to which she had been accustomed when outside.

Martha's father, who was alcoholic, died of tuberculosis. He was strict with his children when at home, but at one time deserted his wife for six years, during which time he gave no support. During the last years of his life he was cared for at home by Martha's mother, who also became infected with tuberculosis and died one

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year after her husband. The father appeared to be a somewhat inadequate type of personality whom the mother had converted to Catholicism shortly before she married him. Martha felt that her mother's affection for her father consisted largely in her ability to reform him. When, later on, he became a backslider, in a religious way, her feeling for him lessened. The mother was of good moral and ethical standards and made every effort to bring her children up well. There was one boy older than Martha and one girl younger. The mother recognized Martha's difficult disposition and when she was very ill told her sister that Martha would need special care and supervision as she was a queer child and different from the other two.

Martha was born in Brooklyn, where she attended a convent school until sixteen years of age, leaving in grade 8A. Her school record was good and she gave no trouble to her teacher. Her mother cared for the three children practically all of their lives until her death, with little help from her husband, for even when he was at home it was necessary for her to manage his business for him. Martha always found it easy to get what she wanted from her mother by coaxing, but she was never able to obtain any results from her father in this way as he was stern and strict with the children.

It was in her association with her father—she was apparently not clear in her own mind as to what actually happened—that her sex-consciousness was aroused in a way that resulted in the most profound sense of guilt regarding their relationship. This dated from her seventh year. From that time on, Martha could not bring her-

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self to talk of it to anyone, because she feared to incriminate him.

As a young child Martha's habit of untruthfulness was noticed by her own family and as early as nine years of age she began taking small amounts of money from her mother to buy candy. As a protection against her father's sternness and severe reprimands at any infraction of rules, she developed a defiant and self-justifying attitude when corrected and was never willing to acknowledge her culpability unless her brother and sister were also involved in the same offense.

At her mother's death when Martha was fifteen, the three children were taken by a maternal aunt who had a family of her own, but who was glad to take the children and wanted to make every effort to have them happy. Her husband, who was excessively alcoholic, was a disturbing factor in the household and often made the family very unhappy. Martha always felt that she had more influence with him than anyone else, but at the same time feared him, feeling instinctively that he was too fond of her, although he never made any definite advances toward her. After she had left her aunt's house she thought she saw him on several occasions following her and worried considerably about it.

Her brother and sister made a good adjustment in their aunt's home and never gave any trouble. Martha, on the other hand, while she entered into their play normally, was untruthful and deceitful and resented correction of any kind. She was unwilling to tell her aunt anything of her activities, although she said later that if her aunt had not always questioned her she would have

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told voluntarily. At the time of Martha's commitment to Bedford, her aunt was very bitter toward her and particularly so because the name of the family and their address was in the paper when Martha was in court. The investigator on the case felt that the aunt may have been a difficult person to live with and that her attitude toward Martha was a little severe.

After Martha left school she worked for two years in a dentist's office. Her record there was good, although she showed, according to her own statement, much childish petulance. She left for a position with higher wages. She then worked in a department store for one year and as a shopper for another year. In both these places nothing detrimental was known regarding her. Shortly after leaving the last place of employment, she was unable to pay her room rent and was accused by the landlady of stealing an expensive bottle of cologne. Martha explained this by saying that she accidentally broke the glass stopper of the bottle and was afraid to tell the owner. When it was impossible for her to pay her rent she took the bottle of cologne with her and left the house without telling the woman. The woman pressed the charge of larceny and Martha was placed on probation in the care of a cousin.

While with the cousin, she pretended to be working and earning \$8.00 a week. She went to work early and returned late at night. She would tell her cousin nothing of her whereabouts during the day, except that she was working. About this time the cousin began to miss things from her bureau and even after locking the drawers would find that they had been disarranged and things

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taken. A short time later she missed a silver mesh bag and a gold necklace. Although it was proved that Martha had them at the time of the charge, she denied emphatically that she knew anything about them. She was taken to court on her cousin's complaint and sent by her probation officer to a mental hospital for observation. The physician there felt that Martha was not normal, but that there was nothing definite enough to warrant commitment to a hospital, so she was sent to a home, where she remained a few months.

At the end of this time the aunt who had cared for her previously took her to her home. Martha remained only two weeks and left without warning, paying no board or in any way showing gratitude. The aunt said that Martha was indifferent, irritable and unwilling to share with others. After leaving her aunt she went to live at a Young Women's Christian Association boarding-house. While there she stole from her roommate articles which she intended to pawn, as she was out of work and in need of money. She was arrested and sentenced to a home for one year on the charge of grand larceny. While in the home her conduct was considered satisfactory, but the authorities did not feel that she was reliable and did not trust her.

When she was discharged from the home she took a position at housework with a woman who knew nothing of her past. She worked well for two months, until a visitor from the home told the employer of Martha's record. Although the employer said that it made no difference, Martha could not face the situation and two days later she left early in the morning, without warning.

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During the next eleven months, Martha worked irregularly, living for short periods in different lodging houses, and often, when out of work, spending her nights in hallways. In the daytime she occupied herself riding back and forth on street cars. She was arrested for stealing a hat from a department store and was committed to Bedford. While waiting in jail for trial it was found that she had many good friends, who tried to help her. They were much surprised to know of her delinquencies and for the first time were aware of the many untruths which she had told them. There was no evidence at any time that she had been immoral, although the court officials were suspicious because of her habit of sleeping about in strange hallways. These suspicions were disproved by our examination.

The physical examination showed a well-developed and well-nourished young woman, with no physical anomalies except an acne of the face extending well down on the neck and showing some rather large pustules and scars. For years she had had severe attacks of migraine.

According to the Stanford Revision of the Binet-Simon scale, she graded 13 years and 7 months, which gave her an intelligence quotient of .85. On the Yerkes-Bridges point scale she scored 88 points which made her coefficient of mental ability .85. She needed encouragement, showed lack of concentration and perseverance, and had some difficulty in reasoning. She graded, however, in the dull normal group.

During the first three months of Martha's residence in the hospital, she was uncoöperative and inaccessible. She deliberately disobeyed minor rules of the hospital

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and became angry when corrected. She sought special privileges and usually by careful manœuvering succeeded in accomplishing what she had made up her mind to do. She formed a friendship with another very difficult girl, which was the cause of much trouble in the hospital, as the affairs of one were of interest to the other, and when one was corrected the other became angry and noisy.

At times Martha would become extremely irritable, a condition which was thought to be due sometimes to intestinal indigestion. She resisted any treatment for this, especially enemata, and in fact was fearful of any physical pain, even refusing to have necessary work done on her teeth.

She was always incensed if corrected for any infraction of the rules and was particularly angry if accused of rudeness, since she thought it was a reflection on her mother and of her methods of bringing up her children. She persistently defied the nurses in small matters and was particularly insolent in her attempts at self-justification.

During the last month in the hospital there was considerable improvement in her conduct. She was industrious, seemed anxious to learn, was interested in school subjects, especially in typewriting, and showed a willingness to ask and take advice from the teacher. While she was not willing to talk about her real difficulties until very shortly before her discharge to the main institution, she was more frank and more approachable.

Martha was of the irregularly active type. She expended a tremendous amount of energy at times and at other times very little. She was social, loquacious and

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enthusiastic, but never demonstrative. In her manner she showed much variability, often being sullen, irritable and defiant but sensitive and very easily offended.

Her intelligence was fair except in the fields of judgment and definiteness of purpose. The results of her work were on the whole rather poor because of her variability and destructibility. Her emotional tone was one of excitability, with a marked tendency to depression. Perhaps the most outstanding traits in Martha's make-up were her resentment of authority and her inability and unwillingness to coöperate, and her great fear of physical contact of any kind.

Summary: This case has been described twice elsewhere, the first time taking into consideration the personality make-up and the second time ¹ the relation between the anti-social conduct exhibited and the repression of her emotional life.² A summary of the former study will be found on page 80. Still another study might be made from an endocrine standpoint, for in the more recent work with the case, considerable help appeared to be derived from glandular treatment. It is probable that all three factors were important and that their causes and effects were closely interwoven and not to be distinctly separated.

She had the handicaps of poor inheritance, irregular early training and definite limitations of personality whatever their causes may have been, together with very great emotional instability. The last named factor was present during the patient's residence in the hospital

¹ See page 115.

² Spaulding, Edith R.: Three Cases of Larceny. *Mental Hygiene*, Vol. IV, No. 1, January, 1920.

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and expressed itself in great resistance to treatment of any kind. With the unearthing of the sense of guilt associated with her early experience, the resistance was lessened especially where the physician was concerned.

While Martha made great strides toward a social utilization of her energy and has probably given up her anti-social behavior as expressed in shoplifting or similar pursuits, still the resistance to authority remains to handicap the advantageous utilization of her energy. She is, however, capable of very great loyalty and has perhaps traveled far in overcoming her excessive egotism and her paranoid tendencies.

September, 1922. Martha's later history is discouraging. She is no longer in communication with those who tried to befriend her. She has incurred debts which will probably never be repaid and has used a friend's charge account for her own purposes. Nothing has been heard from her since May, 1922. At that time it was felt that she was associating with people who could only prove detrimental to her.

CASE No. 44

Maria S., an American girl of twenty-three and single, was committed to the reformatory the first time for petit larceny and was paroled after twenty-one months of good conduct. Upon violation of her parole, she was recommitted fourteen months later to finish her first sentence and to serve an additional sentence of three years for prostitution.

She was admitted to the hospital fifteen months after

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her second admission to the institution because of increasing nervousness and a marked torticollis.

Her father was a hard drinking man who was said to be very cranky and who would never allow the children to have company in their home. The mother, at the time of Maria's commitment to the reformatory, was a patient in a state hospital, where she had been one year. Her illness occurred immediately following childbirth, and the diagnosis was "infective exhaustive psychosis." She also had had a facial tic for several years which improved during her residence in the hospital. Previous to her commitment, she would stay up all night fearing that some one would come and attack the family, and was much afraid of fire, fearing that the children would be burned to death. The patient was the third of thirteen children, four having died in infancy. There was a history of one miscarriage and one still-born child following the patient's birth.

Maria was born in New York, where she attended school until fourteen years of age, finishing grammar school. She always had difficulty in getting on with her father, who was abusive to all the children, particularly Maria, once beating her very severely for having spent three cents which she had earned, for candy. She was sixteen at this time, so she decided not to work any more. She stayed out late at night, and was irregular sexually, so her father had her sent to a home on the charge of being a disorderly child. She remained in the home about a year, and on her return to her father worked in a laundry for four months. At the end of this time, she ran away and when her father found her

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he again took her to court and she was committed to another home for nine months. On leaving the home, she took a position at housework for two months, then returned to the home because her employer's husband made undesirable advances, although at the same time Maria was undoubtedly promiscuous sexually. She remained in the home for a short time only on the second admission and left again to do housework. She liked the home very much and was very dependent upon it. After returning home she worked in a laundry for eight months, giving practically all of her money to her mother. She was arrested on her father's complaint for stealing \$3.00 from her mother. Maria stated that she wanted to give the money to a man with whom she was friendly at the time. She asked her mother for the money but "her mother was sleeping and did not answer."

During the early months of her first commitment to the institution she was occasionally noisy and irritable, but was a fair worker and had only one report for a minor offense in twenty-one months. On parole she was given a position at housework but kept it only a short time, as she objected to the religion of her employer and to the food she served. On leaving the position she lived in different cities prostituting. After fourteen months on parole, she was complained of again by her father and returned to Bedford to serve the remainder of the original three-year sentence. She was also given a new sentence of three years for prostituting and having no other visible means of support.

Up to the six weeks before her admission to the hospital she worked well in the institution, was quiet and

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orderly, and had only three reports to the disciplinary officer, which were not of a serious nature.

The physical examination showed a well-developed girl, with enlarged thyroid, and many carious teeth. She held her head slightly to the left and backward, but there was no muscular rigidity or pain on manipulation. There was tremor of tongue, eyelids, and hands which increased on rotation. The Wassermann reaction was four plus and the complement-fixation test for gonorrhea was doubtful.

According to the Stanford Revision of the Binet-Simon scale, Maria graded thirteen years and two months, which gave her an intelligence quotient of .82. On the Yerkes-Bridges point scale, she scored 82 points, which gave her a coefficient of mental ability of .93. Her general information was fair. She was of normal intelligence, grading possibly in the inferior normal group.

For six weeks previous to her admission to the hospital she complained of stiffness and pain in her neck, accompanied by increasing nervousness and inability to work. She said it was necessary for her to lie in bed to relieve the pain, and that she could move her head only by assisting it with her hands. However, this was not borne out by observation. She laid particular stress on the fact that her mother was troubled with a similar condition and was at the time insane. Because of the association of the torticollis and the mental disease in her mother she feared that she too might become insane.

Some time after her commitment she told the story that she had been married and had had a child which was being cared for by her husband, who was a hotel owner

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in a small city in New York State. She would not give the exact location, and, since at the same time she stated that her own mother was really only her step-mother, it was felt that the former tale was only a fabrication. There was no indication from physical examination that she had had a child. She expressed great anxiety concerning her mother's condition and wrote often to the hospital for information concerning her progress.

She made many complaints during the early part of her stay in the hospital of the treatment she received, but later on as she improved her attitude changed. When she was discharged at the close of the hospital, her condition was much improved and the torticollis had practically disappeared.

Maria was of the overactive, childish type. She showed no marked tendency to be social or loquacious, but was, on the other hand, rather timid, taciturn and introspective. Very few traits were particularly marked in her, except that she was sensitive and easily offended, but possessed a good sense of humor. She showed poor intelligence in judgment, planfulness, definiteness of purpose, ethical discrimination and originality. In her work she was neat, showed good concentration and effort, and responded well to stimulation. She was accurate, fairly skilful and persistent, and as her health improved her work showed marked improvement and reached a good standard.

In her attitude she was pleasant, coöperative, and interested, particularly in mechanical things. In her manner she was self-assertive but not aggressive, pleasant but not

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over-frank, and never demonstrative or enthusiastic. She was boastful and selfconscious. She showed good self-control and was never irritable and rarely combative.

Her emotional tone was fairly level, occasionally showing some depression, which was marked according to one judge. However, her dominant mood was one of cheerfulness.

Summary. This case represents a somewhat drab personality, with inferior intelligence, a poor inheritance and neurotic symptoms, who easily took the way of least resistance in her unfavorable early home environment. The enlarged thyroid, tremor of hands and rapid pulse suggested a cause for the apprehensive state that preceded her admission to the hospital. Responsibility of any kind was always irksome to her and she always hurried back to her life of prostitution at her first opportunity.

Maria was much benefited by her residence in the hospital. Her torticollis practically disappeared under a plan of mental and physical reëducation, which also affected her general attitude favorably.

It was not considered probable, however, that such a case as this with negative characteristics and no constructive interests would do well in the community without intelligent oversight. Three years later she was still in the institution, having been returned from parole a second time.

November, 1922. Her sister states that Maria, when last heard from, was living with a man to whom she was not married. Two of her sisters were committed

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to an industrial school. Since their discharge, they have both married and both have separated from their husbands. The mother has been discharged from the mental hospital but has not returned to the father.

THE END

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CHART SHOWING SUMMARY OF CASES STUDIED

PATIENTS

No.	Name	Age	Offence	Previous Court Record	Heredity	Environment	Important Physical Findings	Personality	Intellectual Status	Mental Status	Outcome of Case	
4	Theresa B	24	Grand larceny	Arrested in Conn	Poor	Poor	Endocrine disorder Gonorrhea	Overactive Aggressive Very variable in mood.	Defiant Superior in attitude	10 years 6 months	Manic-depressive psychosis	Transferred to mental hospital. Paroled after one year and three months. Was wanted for violation of parole. Has since died of tuberculosis.
5	Lulu S	17	Contracting venereal disease	"Home" * for prostitution	Poor	Poor	Congenital Syphilis Endocrine disorder	Shy Clumsy Slovenly Uncooperative	Irregularly active Irritable Assaultive	10 years 3 months	Psychopathic personality with episodes of excitement and mental defect.	Transferred to mental hospital. Discharged after two years and four months. Now living at home with mother. Has been working. Is now taking a hospital course in the care of children.
6	Mollie P	23	Contracting venereal disease	"Home" for disorderly conduct	Poor	?	Chronic Endocarditis	Seclusive Underactive Querulous	Inaccessible Negativistic Timid	9 years 9 months	Schizophrenia (dementia praecox).	Transferred to mental hospital. Discharged to family after two and a half years. Is at present in Bedford on charge of petit larceny.
9	Citra W	28	Soliciting	Soliciting—House of Correction. Loitering—probation.	Poor	?	Gonorrhea Cerebral syphilis	Underactive Egotistical Noisy	Uncooperative Chronically obscene	10 years 2 months	Neurosyphilis Psychopathic personality	Transferred to mental hospital. Deported after eighteen months to Canada by Lunacy Commission.
10	Pearl W (Colored)	18	Petit larceny	Sent to Bedford for robbery—had been prostituting since she was a child. No court record but known to police.	Poor	Poor	Tuberculosis Gonorrhea	Hysterical Uncooperative Uninhibited Quarrelsome	Loquacious Sullen Aggressive Cowardly	11 years 2 months	Psychopathic personality	Transferred to sanitarium for treatment of tuberculosis. Has since died of tuberculosis.
11	Irene G	23	Contracting venereal disease	Placed in a "Home" as a child by mother, and again at 16 for running away with a boy. "Home" for 6 months, intoxication. Arrested 3 times for intoxication, discharged. Arrested twice for intoxication and served 180 and 10 days.	Fair	Fair	Polyglandular condition Syphilis	Undependable Instigator Boastful Egotistical	Variable Melodramatic Quarrelsome Cowardly	9 years 9 months	Epilepsy with mental defect. Pathological liar	Paroled. Discharged from parole to go to neighboring state with mother. Is reported by charity worker to have returned to husband and although very poor to be doing well.
13	Alma S	30	Loitering	"Home" for soliciting	Unknown	Poor	Gonorrhea Wassermann doubtful	Hysterical Childish Loquacious Variable	Irritable Unstable Sullen Quarrelsome	7 years 11 months	Psychopathic personality with unclassified depression.	Transferred to mental hospital. Discharged after two years and eight months to friend. No further information available.
14	Georgiana J	25	Unlawful possession of drugs	Nine arrests—four terms in Workhouse for soliciting and having drugs in her possession.	Fair	Fair	Gonorrhea Tremor	Overactive Impulsive Excitable Irritable	Skillfully deceptive Uncooperative Noisy Sense of humor	18 years	Drug psychosis with psychopathic personality.	Transferred to mental hospital. Discharged after one year and six months to sister. Is said to have died since then of tuberculosis.
16	Bertha W	19	Vagrancy	"Home" for disorderly conduct. Released after 3 months on petition of father and mother.	Poor	Fair	Multiple tic, Gonorrhea T. B. Glands, Chorea (as child) Chronic Endocarditis	Untruthful Deceitful Unreliable Childish	Superior Suggestible Insolent Cowardly	13 years 3 months	Psychopathic personality and pathological liar.	Paroled. Returned to Bedford for violation of parole. Discharged. No further information obtained.
17	Sylvia S	24	Grand larceny	Stealing—probation. Stealing—fined	Fair	Good	Gonorrhea Syphilis	Hypocritical Egotistical Skillful	Superior Selfish Cooperative	17 years 2 months	Psychopathic personality	Paroled. Discharged from parole. Has since been holding positions of responsibility.
19	Adelaide C	19	Contracting venereal disease	Two arrests for intoxication. First time "Home" 2 months; second time, remainder of minority. Paroled 3 times during latter sentence, first 2 times arrested for intoxication and returned to "Home", third time intoxicated 3 days—solicited during this period. Went voluntarily to police and was returned to "Home".	Fair	Fair	Gonorrhea Syphilis	Superior Noisy Resentful Variable	Immature Insolent Excitable Aggressive	12 years	Psychopathic personality	Paroled. Discharged from parole. Has since married and is said to be working as waitress.
20	Mazie L	18	Vagrancy	No court record (Mother took her to recorder's office 5 times within 3 years for reprimand).	Poor	Fair	T. B. Glands (Old process in both apices)	Childish Distractible Impulsive	Sensitive Sense of humor Great variability of mood.	15 years 3 months	Psychopathic personality with manic-depressive constitution.	Transferred to sanitarium for treatment of tuberculosis. Paroled. Returned for violation of parole. Discharged. Held in jail two months as witness. Arrested for vagrancy. Served six months sentence. Married in August, 1922 and is said to be doing well now.
21	Antoinette W	19	Petit larceny	Sent by S. P. C. C. to training school—remained 2 years. Placed on probation about one year after leaving training school.	Poor	Fair	Gonorrhea, Syphilis Endocrine disorder (pituitary) Many stigmata of degeneracy	Egotistical Variable Irritable Resentful	Self-justifying Undependable Instigator Hypocritical	10 years 9 months	Psychopathic personality with epilepsy.	Paroled. Discharged from parole. Held several positions and did well, although very unstable. Married and has moved to another state but is said by mother to be doing well in spite of instability.
22	Fannie L	25	Soliciting	One arrest (Boston) for loitering—placed on probation. Probation twice (New York) for soliciting.	Poor	Good	Astigmatism. Draf. Endocrine disorder Gonorrhea	Seclusive Irritable Indifferent	Apprehensive Underactive Variable	15 years 9 months	Schizophrenic reaction type	Transferred to mental hospital. Paroled after eight months. Discharged from parole. Is living at home and working steadily but for low wages. Is becoming increasingly seclusive.
23	Gladys C	38	Prostitution	Probation for intoxication—complaint of father. 10 days for soliciting. "Home" one year for violation tenement house law.	Good	Good	Gonorrhea Carious teeth Scar from fractured jaw	Underactive Pleasant Cooperative	Adaptable Responsive Social	15 years 1 month	Psychopathic personality. Alcoholic deterioration.	Paroled. Returned for violation of parole. Discharged at expiration of sentence. Has since done well. Is living with her husband and children and has been working.
26	Rosie S	22	Petit larceny	"Home" few months	Unknown	Unknown	Gonorrhea	Antagonistic Irritable Suspicious Vain	Assaultive Instigator Deceitful Paranoid	12 years 3 months	Psychopathic personality with paranoid trend.	Paroled. Discharged from parole. Is said to have been shop-lifting for some time. Arrested and sentenced August, 1922, for shoplifting.
27	Mabel D	25	Prostitution	"Home" for soliciting. Probation for consorting with man whom she was helping to steal coats.	Poor	Poor	Tremor, Nose bleeds Stigmata of degeneracy Cerebro-spinal syphilis (Paretic curve) Gonorrhea	Easily offended Timid Suggestible Unstable	Variable Opinionated Boastful Querulous	10 years 2 months	General paresis	Paroled. Discharged from parole. Did well and returned to family. Is now living with sister and helping with housework.
28	Evelyn L	19	Petit larceny	Petit larceny—probation. Probation revoked. Sentenced to Bedford on original charge.	Fair	Poor	Stigmata of degeneracy Muscular incoordination Gonorrhea	Immature Childish Suggestible Underactive	Apathetic Lazy Shiftless	10 years 1 month	Chorea	Paroled. Discharged from parole. Has married and is doing well. Is still nervous.
30	Mina M	21	Disorderly conduct	No previous record	Poor	Poor	Gonorrhea Endocrine disorder	Underactive Suggestible Pleasant	Imaginative Fanciful Lazy	9 years 8 months	Psychopathic personality and pathological liar.	Discharged on expiration of sentence. Returned to mother in neighboring state. Had illegitimate child born September, 1921.
31	Estelle R	29	Bigamy	No previous record	Fair	Fair	Negative	Overactive Unstable Uncooperative	Continuously deceptive Irresponsible Hypocritical Instigator	13 years 10 months	Psychopathic personality	Paroled. Violated parole. Returned to last husband, robbed him and left. Is wanted by the authorities.
32	Julia A	17	Contracting venereal disease	Bedford for contracting an infectious disease. Discharged one week later as improper commitment.	Poor	Poor	Thyroid enlarged, Anemic Syphilis (active) Gonorrhea	Quiet Stolid	Amenable Cooperative	11 years 6 months	Normal	Paroled. Returned to institution for operation. Returned to mother. Has since died of heart disease.
33	Matilda P (Colored)	30	Petit larceny	Arrested 4 times for fighting and drinking. Released each time.	Fair	Fair	Syphilis Gonorrhea Three miscarriages	Cooperative Superstitious	Good-natured Unstable	8 years 4 months	Mental defective	Paroled. Left position the day she was free. Has had the following arrests since then: Violation of terms of parole, 3 times; Grand larceny, 2; Petit larceny, 2; Larceny, 1; Intoxication, 2; Disorderly conduct, 2; Assault, 2; and Violation of penal law, 1. Had been in court the morning she was last interviewed.
34	Carmella T	20	Prostitution	"Home" for staying out late at night. She had previously gone to this "Home" voluntarily and remained a year.	Fair	Fair	Congenital syphilis Hyperthyroidism Tremor Gonorrhea	Overactive Impulsive Easily offended Demonstrative	Emotionally unstable Variable in mood Loud-voiced Excitable	9 years 11 months	Psychopathic personality with manic-depressive constitution	Paroled. Did well. Discharged from parole. Has married man who knows of past life. Is doing well.
35	Louise D	17	Vagrancy	No previous record	Poor	Poor	Poorly nourished Stigmata of degeneracy Enlarged glands Endocrine disorder Eczema, gonorrhea Enuresis, Gonorrhea	Introvert Underactive Suggestible Variable	Adaptable Pleasant Cooperative Follower	15 years 1 month	Chorea	Paroled. Did well. Discharged from parole. She is living with her step-mother and is working steadily.

* The term "Home" is used to include all private institutions to which women and girls are committed by Courts.

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PATIENTS *Continued*

No.	Name	Age	Offence	Previous Court Record	Heredity	Environment	Important Physical Findings	Personality		Intellectual Status	Mental Status	Outcome of Case
36	Rebecca S	21	Receiving stolen goods	"Home" for incorrigibility on complaint of detective whom mother had employed. During parole committed to another "Home" and later taken to court four times, each time on complaint of mother.	Fair	Fair	Vision very defective Otherwise negative	Egotistical Undependable Untruthful Unadaptable	Quarrelsome Querulous Trouble maker Ingratiating	11 years 5 months	Psychopathic personality	Discharged to care of private society. Has held good positions for short periods. Has sought undesirable companions. Has had two illegitimate children.
37	Emily J (Colored)	18	Violation of tenement house law	"Home" on complaint of mother. Probation Children's Court, for charge of theft, sentence suspended.	Not known	Poor	Stigmata of degeneracy Syphilis (sluggish pupils) Gonorrhea	Underactive Seclusive Easily offended	Opinionated Irresponsible Uninhibited	10 years	Mental defective	Paroled. Returned for violation of parole. Discharged. No further information obtainable.
38	Eva B	22	Violation of tenement house law.	Probation—evil associates—complaint of brother; violated probation and was sentenced to "Home" for remainder of her minority.	Poor	Poor	Dysthyroid condition Tremor	Irritable Excitable Suspicious Uninhibited	Trouble maker Insolent Assaultive Paranoid		Psychopathic personality with episodes of excitement and paranoid trend.	Transferred to mental hospital. Discharged after one year. Arrested for grand larceny. Served prison sentence. Is thought by family to be continuing same manner of life as before.
39	Caroline D	25	Violation of tenement house law.	Previous term Bedford Reformatory for soliciting.	Fair	Poor	Gonorrhea Syphilis Tremor of tongue and fingers	Egotistical Unadaptable Generous Irritable	Impulsive Quarrelsome Sly Assaultive	10 years 5 months	Psychopathic personality with episodes of excitement and mental defect.	Transferred to school for feeble-minded. Transferred from there to colony for feeble-minded. Released. Arrested for soliciting, June, 1921. Served three months sentence. Behavior continues to be erratic.
40	Lilly K (Colored)	22	Petit larceny	No previous record	Fair	Poor	Stigmata of degeneracy Gonorrhea Syphilis (congenital?)	Overactive Adolescent Easily offended	Social Irresponsible Variable	14 years 9 months	Psychopathic personality	Paroled. Violated parole. Wanted by the authorities. No further information.
41	Marion C	18	Petit larceny	Petit larceny—probation. Petit larceny—"Home"	Poor	Poor	Thyroid Aene Migraine	Quarrelsome Immature Egotistical Unstable	Deceitful Excitable Defiant Assaultive	12 years 11 months	Psychopathic personality	Discharged. Married. Conduct very erratic and unreasonable. Said to have been shop-lifting for some time. Arrested for shop-lifting and sentenced August, 1922.
42	Freda H	31	Petit larceny	No previous record	Not known	?	Negative Poor teeth	Introvert Underactive Stolid Deceitful	Sullen Self-justifying Romancer	8 years 4 months	Psychopathic personality with mental defect Pathological liar.	Paroled. Did good work. Discharged from parole. Behavior still erratic. Has been in court on woman's complaint, but was released with aid of lawyer.
43	Martha N	22	Petit larceny	Petit larceny—probation. Petit larceny—"Home." Grand larceny—"Home"	Fair	Fair	Aene Migraine	Egotistical Immature Variable Sullen	Impulsive Seclusive Quarrelsome Uncooperative	13 years 7 months	Psychopathic personality	Paroled. Discharged from parole. Did well for a while but later accumulated debts and associated with undesirable companions. Behavior always erratic.
44	Maria S	23	Prostitution	"Home" two sentences as a disorderly child on complaint of father. Bedford—paroled—violated parole—returned for violation and new commitment.	Poor	Poor	Thyroid enlarged Tremor Gonorrhea Syphilis Caries teeth	Childish Timid Seclusive Suggestible	Easily offended Agreeable Cooperative	13 years 2 months	Torticollis	Paroled. Returned for violation of parole. Discharged. When last heard from was living with man not her husband.

WORKERS

1	Delilah R. (Colored)	30	Grand larceny	No previous record	Fair	Poor	Gonorrhea Stigmata of degeneracy	Aggressive Boastful Untruthful	Quarrelsome Irritable Hypocritical	8 years 8 months	Mental defective (Moron)	Paroled. Had good record. Discharged from parole. Has since married and is happy, caring for own home.
2	Tillie J.	29	Attempted perjury	Taken to court with husband on complaint of S. P. C. C. for intoxication and neglect. Husband sentenced for non-support—disappeared within 2 years. Children placed in institutions through action of S. P. C. C. on account of her drinking.	Poor	Very poor	Gonorrhea Endocrine disorder	Good natured Willing	Garrulous Variable	9 years 2 months	Epilepsy with mental defect	Paroled. Had good record. Discharged. Has returned to husband and children. Has been janitress in apartment house for three years and is doing well.
3	Elsie C	17	Disorderly conduct	Disorderly conduct—probation. Committed petit larceny while on probation. Probation revoked. Sentenced to Bedford on original charge.	Poor	Poor	Gonorrhea	Suggestible Immature	Non-resisting Sensitive	11 years 8 months	Dull—normal	Paroled to do general housework. Work record satisfactory. Discharged from parole. Has since married man who was told of past. Is doing well and is very happy.
7	Blanche P. (Colored)	21	Bigamy	"Home", Providence, R.I.	Nothing known	Poor	Gonorrhea Syphilis Laparotomy scar	Deceptive Sly Fair worker but trouble maker	Quiet Jealous	11 years	Borderline—mental defective	Paroled to do housework. Discharged from parole. Has been living for some time with man who has wife and children and has taken his name.
8	Bella L. (Colored)	18	Violation of tenement house law	Arrest for larceny—discharged. Disorderly conduct—"Home". Violation tenement house law—Workhouse. Disorderly conduct—"Home"	Poor	Poor	Gonorrhea Syphilis	Good-natured Irresponsible Generous	Popular Uninhibited	10 years 1 month	Moron	Paroled. Discharged from parole. No further information obtainable.
12	Sallie G	23	Petit larceny	No previous record	Poor	Poor	Gonorrhea Syphilis Dysthyroid condition	Good-natured Immature Suggestible	Non-resisting Cooperative Underactive	10 years 2 months	Borderline—mental defective	Paroled. Discharged from parole. Went to mother. Is said to have married in January, 1920, and to have gone West with husband. Marriage could not be verified.
15	Hazel H	28	Soliciting	Probation for drinking. Solicited while on probation and sent to Bedford.	Poor	Poor	Gonorrhea Syphilis	Undependable Unadaptable Defiant Irritable	Sullen Easily offended Aggressive	11 years 2 months	Borderline—mental defective	Paroled. Did well. Discharged from parole. No further information available. Family have heard nothing for several years.
18	Viola H	18	Keeping disorderly house	Keeping disorderly house—"Home." Tried to run away twice—sent to Bedford for violation of parole.	Fair	Poor	Thyroid enlarged Syphilis Gonorrhea	Suggestible Cooperative Good-natured	Non-resisting Generous Capable	12 years	Normal	Paroled. Returned for violation of parole. Reparoled. Discharged. Is living with mother in undesirable environment.
24	Susan S	28	Endangering morals of children	Served two jail sentences for drinking and disorderly conduct.	Fair	Poor	Defective vision Gonorrhea Syphilis	Underactive Cooperative Good-natured	Suggestible Pleasant Generous	8 years 6 months	Mental defective (Moron)	Paroled. Did well. Discharged from parole. No further court record.
25	Jessie J	27	Endangering morals of children	No previous record	Fair	Poor	Syphilis Gonorrhea Chronic endocarditis Teeth poor—Pyorrhea	Sensitive Adaptable Generous	Good-natured Pleasant Patient	9 years 7 months	Mental defective (Moron)	Paroled. Returned for violation of parole. Discharged. No further court record.
29	Amanda B. (Colored)	17	Prostitution	Taken to court by father as being a disorderly child—allowed to return to mother "Home"—disorderly child complaint of mother. Transferred to City Hospital for treatment for gonorrhea—refused treatment—taken to court and sentenced to Bedford.	Fair	Poor	Gonorrhea Syphilis (congenital) Old T. B. lesion	Imitative Uninhibited Irregularly active	Fun-loving Irresponsible	11 years 8 months	Dull—normal	Paroled. Discharged from parole. Married a year ago to man who knows of past. Is working with husband. Thought to be doing well now, although there is a child one year old.

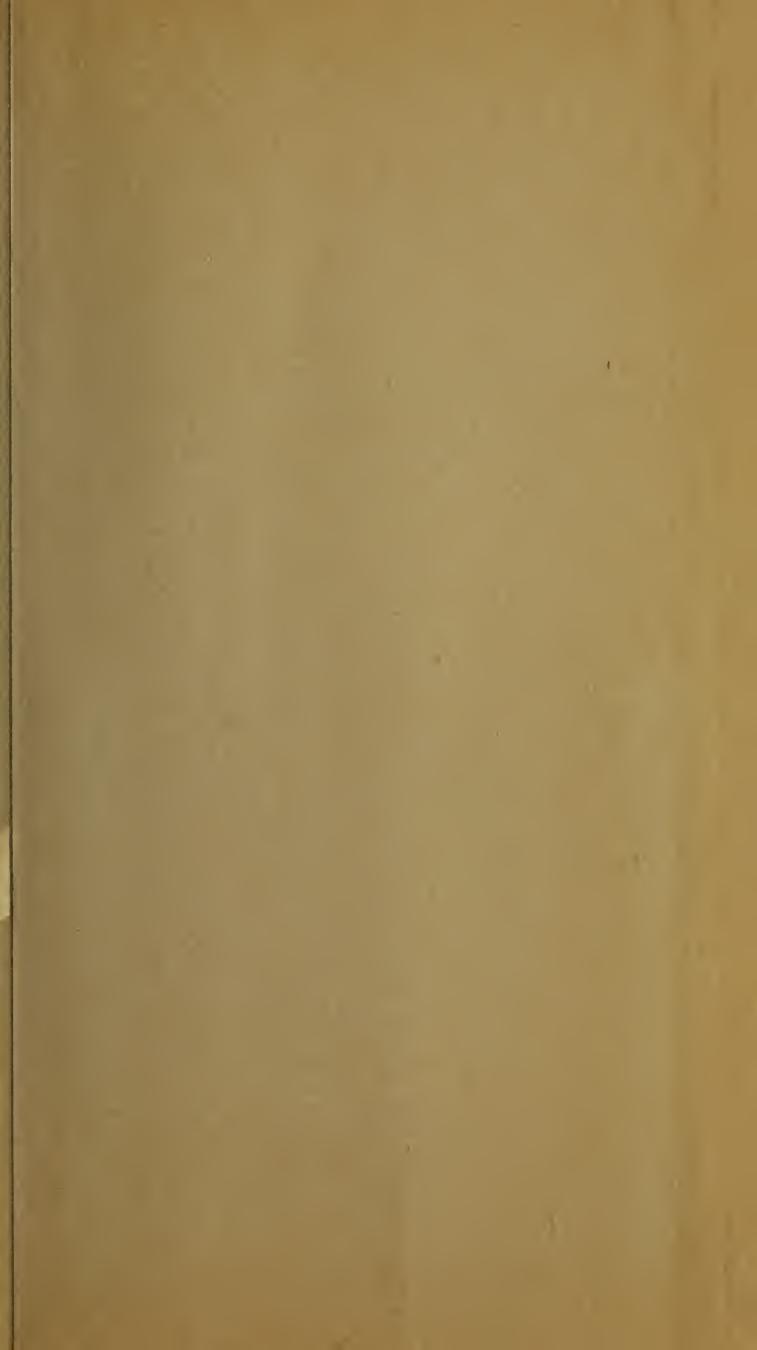
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